		state
		should FION 1s
	RECORD	PHYSICIANS should of OCCUPATION
שאוסיים הטר טייים איים שויים איים איים איים איים איים איים איים	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state in OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very ant. See instructions on back of certificate.
NIDHAN	WRITE PLAINLY, WITH U	item of Information should be carefully sup OF DEATH in plain terms, so that it may ant. See instructions on back of certificate.

1 PLACE OF DEATH 3752

STATE OF MARYLAND CERTIFICATE OF DEATH

	Registration	Dist.	No. 2/3
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fit death occurred in

ADDRESS

V	FULL NAME JUSTICE (NO	Bankles and number.
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 5 5	mode Colorell (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
6 D	(Month) (Day) . (Year)	that I last saw h alse on 191
TAC	it LESS than t day,hrs. yrs. mos. //ds. ORmin. ?	and that death occurred on the date stated above, at
(a) par (b) busi	CCUPATION) Trade, profession, or ricular kind of work General nature of industry, iness, or establishment in ch employed (or employer)	(Duration) yrs. mos. 2 ds.
9 BI	IRTHPLACE tate or country)	(Secondary) (Duration)/yrsmosds.
NTS	10 NAME OF FATHER Gradel Barres 11 BIRTHPLACE OF FATHER (State or country)	(Signed), 1913. (Address)
PAREI	12 MAIDEN NAME OF MOTHER LICES Robinson	CAUSES, State (1) MEANS OF INJURY; and (2) whether ACCIDEN- TAL, SUICIDAL, OF HOMICIDAL.
	13 BIRTHPLACE OF MOTHER (State or country)	At place in the ot death yrs mos ds. State yrs mos ds
	(Informant)	if not et piece of deeth? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15	(Address)	Povlesnil, md mas 14, 191 3

20 UNDERTAKER

REGISTRAR

It mere blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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CAUSE OF Important.

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Filed Mut 13 1913 Ew while

[Approved by U. S. Census and American Public Gealth Association.]

i statement. - neation as Day laborer, Farm laborer, Laborer—Coal duties of the nousehold only (not paid Housekeepers who receive a definite salary), may be entered as mine, etc. "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or indust, j. and therefore an cases, especially in industrial employments, it is necwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not it should be used only when needed. essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. first line will be sufficient, e. g., Furnier or Planter, Physician, Compositor, Architect, Locomotive enfincer, For many occupations a single word of term on the applies to each and every person, irre ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, (b) If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," specive of age. As examples: But in many For persons "Foreman,"

Statement of cause of death—Name, first, the dibease causing death—Is affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid diseasen); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Traemia," "Weakness," cause of death approved by Committee on Nomencla sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Tuerperal peritonitis," etc. childbirth or miscarriage. as "Puenpenal scotichac-"Heart failure," "Haemorrhage," "Inanition," "Maras. "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.: affection need not be stated unless important. Exvalvular heart disease; Chronic interstitial nephrifis nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of ... ture of the American Medical Association.) "Contributory." ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably Bronchopneumonia (secondary), 10 ds. Never report Sarcoma. etc., of ______ (name origin; "Can-is less definite; avoid use of "Tumor" for mails. The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of State cause for Examples: of

If this certificate is looked over thoroughly and all gurations answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.



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PHYSICIANS should of OCCUPATION IS RECORD statement PERMANENT classified. 4 properly supplied. pe may certificate. = that ō pe back terms, should 00 plain Instructions Information 2 ATH of DE/ OF important. Every H œ.

STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. [It death occurred inWard) (No. a hospital or institution. give its NAME Instead of street and number. 1 MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATE 5 SINGLE. 4 COLOR OF RACE MARRIED. WIDOWED ORDIVORCED (Write the word) I HEREBY CERTIEY. That I attended deceased from 8 DATE OF BIRTH (Month (Day) (Year) It LESS than 7 AGE and that death occurred on the date stated above, at. 1 day, hrs. The CAUSE OF DEATH* was as follows: OR 7 mos. ds. BOCCUPATION (a) Trade, protession, or particular kind of work (b) General nature of Industry, business, or establishment in (Duration) which employed (or employer) Contributory 9 BIRTHPLACE (State or country) secondary 10 NAME OF FATHER Signed) (Address) 11 BIRTHPLACE ARENT OF FATHER (State or country) State the DISEASE CAUSING DEATH, or, in deaths from NIOLEN CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-TAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAM OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER of death yrs. mos. ds. State Where was disease contracted. 14 THE ABOVE IS TRUE TO It not at place of deeth? Former or (Intermant). usual residence. REMOVAL DATE OF BURIAL (Address) 15 20 UNDERTA ADDRESS Filed..... REGISTRAR more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1

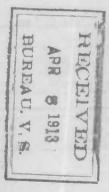
[Approved by U. S. Census and American Public Health
Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary Arcman, etc. applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer. first line will be sufficient, e. g., For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer or Planter, As examples: But in many

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing divays the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

mus," cause of death approved by Committee on Nomencla mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Purspenal scotichaeture of the American Medicai Association.) "Contributory." scpsis, tctanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of haad-homicide; Poisoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioetc., when a dcfinite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Coliapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. oma. Sarcoma. etc., of _ Accidental drowning; Struck by railway train-accimere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic er" is less definite; avoid use of "Tumor" for malig The contributory (secondary or intercurrent "Old Age," "Shock." "Traemia," "Weakness," Always qualify all diseases resulting from Measles (disease causing death), 29 "Senile," etc.), (Recommendations on statement of may be stated under the head "Dropsy," "Exhaustion," __ (name origin; "Can-State cause for Examples:

If this certificate is looked over thoroughly and all guestions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.



BINDING FOR RESERVED MARGIN

No.

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PERMANENT UNFADING INK-THIS

PHYSICIANS should state of OCCUPATION is very RECORD properly classified. Exact statement stated EXACTLY. should be AGE carefully supplied. certificate. WRITE PLAINLY, WITH item of information should it. OF DEATH in plain terms, See instructions CAUSE OF important. N. B.

1 PLACE OF DEATH martieshugno

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 2/3

St.;....Ward)

[If death occurred in a hospital or Institution, give its NAME Instead

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SSEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, ORDIVERCED (Write the word)	16 DATE OF DEATH Muscle 22, 191.B (Month) (Day) (Year)
B DATE OF BIRTH March 6, 1913 (Month) (Day) (Year)	that I last saw halive on
TAGE It LESS than t day,hrs. ORmin.?	and that death occurred on the date stated above, at
COCCUPATION (a) Trade, protession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer)	(Ouration) yrs. mos. 3 ds. Contributory (Secondary)
10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 2	(Signed)
of Mother maisie Bull 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the ot death yrs, mos, ds. State yrs, mos, ds Where was disease contracted, If not at place of death?
(Informant) Ellew Beall (Address) Duckenson and	Former or usual residence
Filed 374 1913 EWW Lil REGISTRAR	20 UNDERTAKER ADDRESS Peller Dans & San Prolemelle

If more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer—('oal "Manager," "Dealer," etc., without more precise specistatement. mine, etc. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, (a) Spinner, Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative mealthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salcsman, (b) If the occupation has For persons

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc... Carcinossis of lungs, meninges, peritonaeum,

ture of the American Medical Association.) cause of death approved by Committee on Nomencla schsis, tctanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage. as "l'uerpenal schiichaeetc., when a definite disease can be ascertained as the nus," "Old Age," "Shock," 'Traemia," "Weakness," thenla," "Anaemia" (merely symptomatic), "Atrophy," nant neoplasms); Measles; Whooping cough; Chronic interstitial nephritical "Contributory." by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio-"Hart fallure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 affection need not be stated unless important. etc. The contributory (secondary or intercurrent) oma. Sarcoma. etc., of .. Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," (name origin; "Can-State cause for Examples:

If this certificate is looked over thoroughly and all quetions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.



ij No.

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N. B.

Go	ounty		
V	Illage or City Man Land		
	FULL NAME		
	PERSONAL AND STATISTI		
3 SE	x 4 COLOR OR RACE		
6 D			
	(Month		
TAC	i E		
	yrs.		
(b) busi whi	dicular kind of work General nature of industry, ness, or establishment in ch employed (or employer)		
(8)	tate or country)		
10 NAME OF FATHER			
PARENTS	11 BIRTHPLACE OF FATHER (State or country)		
	12 MAIDEN NAME OF MOTHER THA		
	13 BIRTHPLACE OF MOTHER (State or country)		
147	HE ABOVE IS TRUE TO THE BES		
	(informant).		
	(Address) Such		
16 Fil	ed Mrs 24 1913 E		

1 PLACE OF DEATH

3755	STATE OF M	ARYLAND	
0.00	CERTIFICATE	OF DEATH	H

CLIC	INICALL	OI	DEATH
	Registration	Dist.	No. 213

St;Ward)

[It death occurred in a hospital or Institution,

FULL NAME Stary Sligh	Beatle give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 L HEREBY CERTIFY, That I attended deceased from
DATE OF BIRTH (Month) (Day) (Year)	that I last saw h alive on ,191
TAGE It LESS than t day, hrs. OR min.?	and that death occurred on the date stated above, at 1220 Pm, The CAUSE OF DEATH* was as follows: Listoty of Brownian
particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer)	Contributory (Secondary)
10 NAME OF Jasker Beall	(Signed) EMMAL , M. D. MALLEY, 1912 (Address) Polsvell my
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, Or HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) Market packso	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, or Recent Residents) At place in the ot death yrs. mos. ds. State yrs, mos. ds Where was disease contracted.
(Informant)	It not at place of death? Former or usual residence
(Address) Dickerson md 16 Filed Mas 24, 1913 Ely While	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL MALLAMAN AND MALLAMAN ADDRESS ADDRESS
FILED 191 REGISTRAR	Sity Davis & son Poolsoull

more hlanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) cated thus: Farmer (retired 6 yrs.). of persons engaged in domestic service for wages, as who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of ilibeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-('na) "Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. additional line is provided for the latter statement: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative mealthfulmaterial worked on may form part of the second first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples: For persons

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"): Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Tneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, pertionaeum, etc.. Carcin-

dent; Revolver wound of haad-homicide; Potsoned such, if impossible to determine definitely. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Purrperal septichaeetc., when a definite disease can be ascertained as the ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. -Hart fallure," "Haemorrhage," "Inanition," "Maras "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.: affection need not be stated unless important. valvular heart disease; Chronic interstitial nephrities nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of ___ Bronchopncumonia (secondary), 10 ds. Never report . Sarcoma. etc., of ______ (name origin; "Can-is less definite; avoid use of "Tumor" for mailg-The contributory (secondary or intercurrents. "Old Agc," "Shock." 'Traemia," "Weakness," Always qualify all diseases resulting from "Senile." etc.), (Recommendations on statement of may be stated under the head "Dropsy," "Exhaustion," Examples:

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently flied.



arefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state that it may be properly classified. Exact statement of OCCUPATION is very WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT AGE should be stated EXACTLY. Every Item of Information should be carefully supplied. CAUSE OF DEATH in plain terms, so that it may be it

> E. ż

RECORD

See instructions on back of certificate. important.

1 PLACE OF DEATH 3756

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 220

......St.;.....Ward)

[It death occurred in a hospital or institution,

2 FULL NAME John 19 Ell	give its mame instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Hute Stingle, Married, Widowed, Wildowed, Wildowed, Wildowed, Write the word)	16 DATE OF DEATH Mar. 13, 1918 (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
8 DATE OF BIRTH Ock. 22, 1842 (Month) (Day) (Year)	any. 20 1910 to Mar. 13 1913, that I last saw him alive on Mar 12 1918
7 AGE 1 t LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at //: a m. The CAUSE OF DEATH* was as follows:
BOCCUPATION (a) Trade, protession, or Moure day laborer particular kind of work (b) General nature of Industry, business, or establishment in which employed (or employer)	(Buration) yrs. mos. ds.
9 BIRTHPLACE (State or country) Mary Pauce	Contributory Attinose Les des (Secondary) (Duration) Jyrs. mos. ds.
or Father Mary land No State or country) Mary land	(Signed) . M. D. Mar 13, 1913 (Address) Bancesville, M. D. *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL CAUSES, STATE (2) Whether ACCIDENTAL CAUSES, STATE (3) MEANS OF INJURY; and (2) whether ACCIDENTAL CAUSES, STATE (3) MEANS OF INJURY; and (2) whether ACCIDENTAL CAUSES (3) MEANS OF INJURY; and (2) whether ACCIDENTAL CAUSES (4) MEANS OF INJURY; and (2) Whether ACCIDENTAL CAUSES (4) MEANS OF INJURY; and (2) Whether ACCIDENTAL CAUSES (4) MEANS OF INJURY; and (2) Whether ACCIDENTAL CAUSES (4) MEANS OF INJURY; and (2) Whether ACCIDENTAL CAUSES (4) MEANS OF INJURY; and (2) Whether ACCIDENTAL CAUSES (4) MEANS OF INJURY; and (2) Whether ACCIDENTAL CAUSES (4) MEANS OF INJURY; and (2) Whether ACCIDENTAL CAUSES (4) MEANS OF INJURY; and (2) Whether ACCIDENTAL CAUSES (4) MEANS OF INJURY; and (2) Whether ACCIDENTAL CAUSES (4) MEANS OF INJURY; and (2) Whether ACCIDENTAL CAUSES (4) MEANS OF INJURY; and (2) Whether ACCIDENTAL CAUSES (4) MEANS OF INJURY; and (2) Whether ACCIDENTAL CAUSES (4) MEANS OF INJURY; and (2) Whether ACCIDENTAL CAUSES (4) MEANS OF INJURY; and (2) WHETHER (4) MEANS OF INJURY; and (3) WHETHER (4) MEANS OF INJURY; and (4) WHETHER (4) WHE
12 MAIDEN NAME Martha Mealer 13 BIRTHPLACE OF MOTHER (State or country) Manyland	TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death
(Informant) Mrs Mollie Bell	Where was disease contracted, if not at place of death? Former or usual residence
(Address) Banuravelle, Bld 16 Filed Mar 15, 1913 f. M. White Registran 11 more blanks are needed, address State Registrar, 6	19 place of Burial OR REMOVAL Barresville Md Mar. 16, 1913. 20 yndertaker Address Mu G. Heillow Vous, Barresville. Med

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of ilibeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industy; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. tion is very important, so that the relative healthfulwho have no occupation whatever, write None. Servant, Cook, Housemaid, etc. If the occupation has who receive a definite salary), may be entered as mine, etc. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," The question "Foreman,"

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid deumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

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1 PLACE OF DEATH STATE OF MARYLAND 3757 CERTIFICATE OF DEATH Registration Dist. No. 210 Village or City Mas Clausalle (No. Itt death occurred in St:Ward) a hospital or Institution, give its NAME Instead of street and number.1 MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 4 COLOR OR RACE 3 SEY MARRIED, Wedows WIDOWED. (Write the word) (Month) I HEREBY CERTIFY. That I attended deceased from 6 DATE OF BIRTH (Month) (Year) 7 AGE If LESS than and that death occurred on the date stated above, at 6-20 Am. t day.hrs. (a) Trade, profession, or business, or establishment in Tron which employed (or employer) 9 BIRTHPLACE (State or country) 10 NAME OF ARENTS 11 BIRTHPLACE Mar 22, 191 3. (Address) Laylono welle OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENT 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) At place OF MOTHER (State or country) of death yrs. mos. ds. State yrs. mos. ds Where was disease contracted. If not at place of death? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL ADDRESS more blanks are needed, address State Registrar, 6 E. Franklin St., Baito., Requesting V. S. No. 1.

[Approved by L. S. Census and American Public Health Association.]

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nant neoplasms); Meastes; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritist etc. The contributory (secondary or intercurrent) mia," "Puesperal peritonitis," etc. State cause for childbirth or miscarriage, as "Puepperal septichaecause. Always qualify all diseases resulting from mus," "Oid Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras. genitai," "Senile," etc.), "Coilapse." "Coma," "Convuisions," "Debility" ("Conample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important cer" is less definite; avoid use of "Tumor" for maligture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory." sepsis, tetanus) may be stated under the head injury, as fracture of skuil, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICINAL, OF as probably LENT nEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. etc., when a definite disease can be ascertained as the thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report oma. Sarcoma. etc., of _ (Recommendations on statement of "Dropsy," "Exhaustion," (name origin; "Can-Examples:

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STATE OF MARYLAND 1 PLACE OF DEATH 3758 CERTIFICATE OF DEATH Registration Dist. No. St.:....Ward) Village or City 11662 MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 18 DATE OF DEATH 5 SINGLE. 4 COLOR OR RACE 3 SFY MARRIED. WIDOWED. (Month) OROIVERGEO I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH (Day) (Year) (Month) If LESS than 7 AGE and that death occurred on the date stated above, at ... 1 dayhrs. The CAUSE OF DEATH * was as follows: OR min. ? mos. 5. Yrs. BOCCUPATION (a) Trade, profession, or particular kind of work..... (b) General nature of Industry, business, or establishment in which employed (or employer) Contributory .. 9 BIRTHPLACE (State or country) (Secondary) 10 NAME OF (Signed) FATHER . 191 (Address) Under Clarkelle 11 BIRTHPLACE ARENT OF FATHER *State the DISEASE CAUSINO DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER of death State 7.5 vrs. .. yrs. ds. Where was disease contracted. 14 THE ABOVE IS TRUE TO THE BEST OF MY it not at place of death? usuai residence BURIAL OF REMOVAL

[It death occurred to

a hospital or institution.

give its NAME Instead of street and number.]

(/ (Day)

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ADDRESS

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[Approved by U. S. Census and American Public Health Association.]

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1 PLACE OF DEATH St MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 5 SINGLE. 3 SEX 4 COLOR OR RACE MARRIED, WIDOWED, ORDIVERCED (Write the word) 6 DATE OF BIRTH (Year) (Month) (Day) It LESS than 7 AGE 1 day,....hrs. mos. BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE L OF FATHER (State or country) AREI 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country 14THE ABOVE IS TRUE TO (Informant) (Address' 15

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. N

..Ward)

If death occurred in a hospital or institution, give its NAME instead ot street and number.]

(Month) (Day) (Year) I HEREBY CERTIFY, That I attended deceased from Flow 21 , 1913, to March 1 , 1913. That I last saw have allive on March 1 , 1913. That I last saw have allive on March 1 , 1913. The GAUSE OF DEATH* was as follows: Present Contributory (Secondary) (Secondary) (Successful Convulsion (Duration) yrs. mos. ds. (Signed)	16 DATE OF DEATH	Marc	le 1.	212	1913
contributory (Secondary) State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, or death yrs, mos. ds. State yrs, mos. ds. Where was disease contracted, it not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL Mountain View Cent. Mountain View Cent. Mountain View Cent. Market 2, 1913.		(Month)	(Day)	(Year)
contributory (Secondary) (Signed) State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, or death yrs, mos. ds. State yrs, mos. ds. Where was disease contracted, it not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL Mountain View Cern. 19 PLACE OF BURIAL OR REMOVAL Mountain View Cern. 19 PLACE OF BURIAL OR REMOVAL Mountain View Cern. 19 PLACE OF BURIAL OR REMOVAL Mountain View Cern. 19 PLACE OF BURIAL OR REMOVAL Mountain View Cern. 19 PLACE OF BURIAL OR REMOVAL Mountain View Cern.	17 YAL HERE	BY CERTIF	Y, That I	attended dec	eased from
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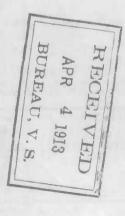
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who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman, If the occupation has As examples: For persons

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ture of the American Medical Association.) cause of death approved by Committee on Nomencla "Contributory." scpsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train—accisuch, if impossible to determine definitely. childbirth or miscarriage. as "Purrement scottchaeetc., when a definite disease can be ascertained as the inus," "Old Age," "Shock," "Traemia," "Weakness," by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio-"Collapse." "Come," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 affection need not be stated unless important. "Heart failure," "Haemorrhage," "Inanition," "Maras-Bronchopneumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic ter" is less definite; avoid use of "Tumor" for mailg oma. Sarcoma. etc., of . The contributory (secondary or intercurrent) "PUERPERAL peritonitis," etc. Always qualify all diseases resulting from "Senfle," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," (name origin; "Can-State cause for Examples:

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.



BINDING

ESERVED

MARGIN

	Marstanson 3760	CERTIFICATE OF
County		Registered N
Villag	e or City ammy dune (No.	St.; Ward)
	*FULL NAME Still J	Sun Bratton
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DE
*sex	4 COLOR OR RACE Single, MARRIEO, WIDOWED, WIDOWED, OROWORCED (Write the word)	16 DATE OF DEATH Still Bun (Month) 17 I HEREBY GERTIFY, That I atter
6 DATE	Month) (Day) (Year)	that I last saw h allve on
7 AGE	Still Ann it LESS than 1 day,	and that death occurred on the date stated abov The GAUSE OF DEATH* was as follows:
(a) Trade particular (b) Gener business,	, protession, or Kind of work	Primatine Jahn (Duration) D yrs
⁹ BIRTH (State o	PLACE pr country) many cond	Contributory (Secondary) (Duration)
	PATHER James Braxton	(Signed) 6. n. Etchism
Z (S	of Father md	*State the DISEASE CAUSING DEATH, or, in decays, state (1) MEANS OF INJURY; and (2) TAL, SUICIDAL, OF HOMICIDAL.
13 8	MAIDEN NAME OF MOTHER DIRTHPLACE DEF MOTHER tate or country) MA	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTE OR RECENT RESIDENTS) At place in the other of death of yrs, of mos, of the other of the other or th
14 THE	ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE BROWN James Branton	Where was disease contracted, It not at place et death?————————————————————————————————————
	(Address) Starthurly ma	19 PLACE OF BURIAL OR REMOVAL DAT
Filed.?	Janch 9 , 1913 G. M. Tolchism M. M.	RW. Pumphy Ru
	If more blanks are needed, address State Registrs	r, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registered No.

fit death occurred in .Ward) a hospital or institution, give its NAME lastead of street and number. I

MEDICAL CERTIFICATE OF DEATH OF DEATH (Month) (Day) I HEREBY CERTIFY, That I attended deceased from death occurred on the date stated above, at to the DISEASE CAUSING DEATH, or, in deaths from VIOLENT s, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-UICIDAL, OF HOMICIDAL. TH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. CENT RESIDENTS) s disease contracted. lace of death? OR REMOVAL DATE OF BURIAL

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekecpers fication, as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age (a) Spinner, (b) Cotton mill; (a) Salesman, (b) essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-For many occupations a single word or term on the ness of various pursuits can be known. tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples: For persons The question

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

sepsis, tetanus) may be stated under the head such, if impossible to determine definitely. childbirth or miscarriage, as "Purperal septichaeture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATES State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenla," "Anaemia" (merely symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritisz. nant neoplasms); Measles; Whooping cough; Chronio cer" is less definite; avoid use of "Tumor" for mallg-Accidental drowning; Struck by railway train—accimere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. oma. Sarcoma. etc., of .. The contributory (secondary or intercurrent) Measles (disease causing death), 29 Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (name origin; "Can-Examples:

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RECEIVED

APR 5 1918

BUREAU, V.S.

PLACE OF DEATH STATE OF MARYLAND 3761 CERTIFICATE OF DEATH Registered No. Ill death occurred inSt:.....Ward) a hospital or institutico. RECORD give its NAME instead of street and number. 1 MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS PERMANENT 16 DATE OF DEATH S SINGLE. 3 SEX 4 COLOR OR RACE MARRIED. WIOOWED, OROIVORCED (Write the word) (Month) I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH (Day) (Year) 7 AGE If LESS than and that death occurred on the date stated above. 1 day,....hrs. OR ? BOCCUPATION (a) Trade, profession, or particular kind of work_ (b) General nature of industry, business, or establishment in (Doration) yrs. Ze mos. da. which employed (or employer) Contributory State or country) certificate (Secondary) that 10 NAME OF (Address) 11 BIRTHPLACE ARENT (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. piain OF MOTHER Instructions 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, of information OR RECENT RESIDENTED 13 BIRTHPLACE _ At place to the OF MOTHER of death _____ yrs. ____ mos. ___ ds. DEATH (State or country State _____ yrs, ____ mos. ____ ds. Where was disease contracted, If not at place of death?. Former or P-0 usual residence. Every Item CAUSE OF Important. OF BURIAL OR REMOVAL DATE OF BURIAL 15 ADDRESS If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

BINDING

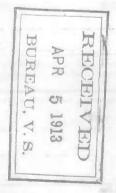
[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of Illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not pald Housekeepers fication, as Day laborer, Farm laborer, Laborer the nature of the business or industry, and therefore an who have no occupation whatever, write None. heen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second statement. Never return "Laborer," "Foreman," Grocery; (a) Foreman, (b) Automobile factory. The It should be used only when needed. additional line is provided for the latter statement; cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the applies to each and every person, irrespective of age. mine, etc. (a) Spinner, (b) Cotton mill; (a) Salcsman, essary to know (a) the kind of work and also (b) ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Farmer or Planter, As examples: (0)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Tneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc... Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomenciascpsis, tetanus) such, if impossible to determine definitely. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Purperral septichaecause. Always qualify all diseases resulting from "Collapse." "Coma," "Convulsions," "Debility" ("Conthenla," "Anaemia" (merely symptomatic), "Atrophy," nant neoplasms); Measles; Whooping cough; Chrokio "Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—acci-ACCIDENTAL SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inaultion," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis oma. Sarcoma. etc., of ... is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) (Recommendations on statement of may be stated under the head (name origin; "Can-Examples:

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently fied.



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING FOR RESERVED MARGIN V. S. No. 1.

	1 PLACE OF DEATH	STATE OF MARYLAND
Co	ounty marks 3762	CERTIFICATE OF DEATH
		Registration Dist. No. 2/2
V	illage or City Lesselle (No	St.; Ward) [It death occurred in a hospital or institution, give its NAME instead
	FULL NAME Charles Breus	of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	WIDDWEO, Scugle	18 DATE OF DEATH Month) (Month) (Day) (Year)
8 0	ATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
	let 22, 1969	1913, to 1/2016 1913,
7 AC	(Month) (Day) (Year)	that I last saw hasta alive on
	3 yrs. 4 mos. 3 7ts. ORmin.?	and that death occurred on the date stated above, at
(a)	Trade, profession, or clicular kind of work. General nature of industry,	ma Convelacion
bus	iness, or establishment in ich employed (or employer)	(Ouration) yrs. mos. / ds.
9 B1	extraplace tate or country) moly would	Contributory (Secondary) (Ourgition) yrs mos ds.
	10 NAME OF JELLY Brusser	(Signed) W. W. hile, M. D.
ARENTS	11 BIRTHPLACE OF FATHER (State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
PARI	12 MAIDEN NAME Mary Jarsus	TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR MOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
	13 BIRTHPLACE OF MOTHER (State or country)	At place in the of death yrs mos ds. State yrs mos ds
	(Informant)	Where was disease contracted, If not at place of death? Former or usual residence
15	(Address) Portesvelle Ind	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Mardunal 1913
	180 Mrs 23, 1917 EWWhat REGISTRAR	20 UNDERTAKER ADDRESS PLU Dans & Sin Poolesnell
==	If more blanks are needed, address State Regis trar, 6	

[Approved by U. S. Census and American Public Health
Association.]

who have no occupation whatever, write None cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of iii. been changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At homc. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speciadditional line is provided for the latter statement; the nature of the business or industry, and therefore an Servant, Cook, Housemaid, etc. Housewife, Housework, or At Home, and children, not mine, etc. statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary Areman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," If the occupation has As examples: For persons "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid dneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc... Carcin-

dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. childbirth or miscarriage. as "Purreman septichae etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock." 'Traemia," "Weakness," -Hart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), ture of the American Medicai Association.) cause of death approved by Committee on Nomencia. "Contributory." scpsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJUSY and qualify as which surgical operation was undertaken. "Collapse," "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ampie: Measles (disease causing death), 29 affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Caronic valvular heart disease; Chronic interstitial nephritis oma. Sarcoma. etc., of ... mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report is less definite; avoid use of "Tumor" for mails The contributory (secondary or intercurrent "Puerperal peritonitis," etc. State cause for Aiways qualify all diseases resulting from (Recommendations on statement of may be stated under the head "Dropsy," "Exhaustion," __ (name origin; "Can-Examples:

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

APR 4 1913
BUREAU, V.S.

N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH In plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD MARGIN RESERVED FOR BINDING

Village or City Mean Recknille (No.	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 2/3 [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female Color of RACE SINGLE, MARRIED, WIDOWED, WIDOWED, ORDIVORCED (Write the word) 6 DATE OF BIRTH LARRAGEM, 1	16 DATE OF DEATH 3 (Month) 3 (Day) (Year) 17 I HEREBY CERTIFY, That I attended despased from 1913, to Alan, 21, 1913, that I last saw h. 2. alive on Alan, 20, 1913
(Month) (Day) (Year) 7 AGE (If LESS than 1 day,hrs. 8 OCCUPATION (a) Trade, profession, or particular kind of work. Clark	and that death occurred on the date stated above, at 6 a.m., The CAUSE OF DEATH* was as follows: Admit as Described as Described as the first and the last as the
(b) General nature of industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country) Mary Can-cl	Gontributory Age and Anuf
10 NAME OF FATHER AND VON 11 BIRTHPLACE OF FATHER (State or country) And Androy 12 MAIDEN NAME OF MOTHER AND MOTHER 12 MAIDEN NAME OF MOTHER	(Signed) Calcurate (Lucieral Mans) M. D. , 191 (Address) DEATH, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, SUICIDAL, or HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, or Recent Residents)
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Day lays Case	At place of death yrs. 3 mos. ds. State 7 5 yrs. mos. ds. Where was disease contracted, if not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) 15 Registrar 6	alms House Farm apr. 1 st, 1913. 20 UNDERTAKER W. R. Pumphren Rockille Md

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speci-Civil engineer, Stationary fireman, etc. But in many applies to each and every person, irrespective of age. Mousewife, Housework, or At Home, and children, not minc, etc. statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement the nature of the business or industy; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indithus: Farmer (retired 6 yrs.). For persons Women at home, who are engaged in the Never return "Laborer," Farmer or Planter, As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing death always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopncumonia ("Theumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

cause of death approved by Committee on Nomencia such, if impossible to determine definitely. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Purreneal septichaegenital," ture of the American Medical Association.) "Contributory." sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. etc., when a definite disease can be ascertained as the -figart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chromic er" is less definite; avoid use of "Tumor" for mailsoma. Sarcoma. etc., of _ Accidental drowning; Struck by railway train-Bronchopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent; "Old Age," "Shock." "Traemia," "Weakness," Aiways qualify all diseases resulting from "Senile," etc.), may be stated under the head (Recommendations on statement of "Dropsy," "Exhaustion," (name origin; "Can State cause for death), 29 ds.: Never report Examples:

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.



state Very PHYSICIANS should of OCCUPATION IS RECORD Exact statement PERMANENT classifled. S pino THIS properly INK supplied. pe UNFADING may cartificate. 0 WITH back pinous plain Instructions Information 5 OF CAUSE OF 10

STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registered No. [if death occurred in .Ward) a hospital or institution. give Its NAME Instead of street and number. 1 MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 4 COLOR OR RACE MARRIED. WIDOWED / Married ORDIVORCED (Write the word) (Month) (Day) I HEREBY CERTIFY. That I attended deceased from 6 DATE OF BIRTH (Day) (Year) (Month) TAGE If LESS than and that death occurred on the date stated above, st. 1 day,hrs. OR mio. ? BOCCUPATION (a) Trade, profession, or particular kind of work (b) Beneral nature of industry. business, or establishment in which employed (or smployer) State or country) (Secondary) 10 NAME OF FATHER 11 BIRTHPLACE ARENT OF FATHER State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSE'S, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-OF MOTHER TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS,

l	OR RECENT	RESIDEN	ITS)					
ı	At place				in the			
	of death	yrs	mos	ds.	State	yrs	. mos	. ds.
ı	Where was dise	ass contra	ctsd,					
	if not at placs	of death?	*****************			***************************************		
	Former or							

usoai residence.....

Congressione Muetry.	DATE OF BURIAL
seph Dawler's Jour	Loash A.C.

KNOWLEDGE

13 BIRTHPLACE

15

Filed.....

OF MOTHER (State or country)

(Address'

REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples:
(a) Spinner, (b) Cotton mill; (a) Salesman, (b) cases, especially in industrial employments, it is neccated thus: Farmer (retired 6 yrs.). of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second additional libe is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite safary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer—Coal Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid neumopala"); Lobar pneumonia; Bronchopneumonia ("Pbeumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinosis of lungs, meninges, peritonaeum, etc..

mere symptoms or terminal conditions, such as "As-thenia," "Anaemia" (merely symptomatic), "Atrophy," nant neoplasms); Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritists. such, if impossible to determine definitely. LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "PUERPERAL septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," ampie: Measles (disease causing death), 29 etc. The contributory (secondary or intercurrent) cer" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of ... cause of death approved by Committee on Nomenclasepsis, tetanus) may he stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. "Collapse." "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report affection need not he stated unless important. ture of the American Medical Association.) "Contributory." (Recommendations on statement of (name origin; "Can-Examples: For VIO-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.



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DEATH in plain Instructions Information

Every Item CAUSE OF mportant.

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PHYSICIANS

RECORD

1 PLACE OF DEATH 2 FULL NAME PERSONAL AND STATISTICAL PARTICULARS 5 SINGLE, 3 SEX 4 COLOR OR RACE (Write the word) 8 DATE OF BIRTH (Month) 7 AGE BOCCUPATION (a) Trade, profession, or particular kind of work.

which employed (or employer) -----

(b) General nature of Industry, business, or establishment in

State or country)

10 NAME OF FATHER

11 BIRTHPLACE

OF FATHER (State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (State or country) 3765

(Year)

If LESS then

1 day hrs.

OR min. ?

(No.

MARRIED, Tuar WIDOWED,

(Day)

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 21

St.;Ward)	[It death occurred in a hospital or institution,		
4	give its NAME instead		
4	of street and number.]		

MEDICAL CERTIFICATE	OF DEATH
16 DATE OF DEATH March	
17 I HEREBY CERTIFY, The	at I attended deceased from
that I last saw h. 22 alive on Me	1 25 1913
and that death occurred on the date state	
The CAUSE OF DEATH* was as follows	
+ Purupuito	
Prabably Suber Culous	premorio
to spulm examin (Duration)	yrs. mos / d
Contributory(Secondary)	10 ma = 7 = m = = 07h0 000 0 000 000 000 000 000 000 000
(Signed) H. G. Sharr	yrs mos ds
Tuck 21, 1913 (Address) Sais	
*State the DISEASE CAUSING DEATH, C CAUSES, state (1) MEANS OF INJURY; A TAL, SUICIDAL, OF HOMICIDAL.	or, in deaths from Violent and (2) whether Acciden-
Where was disease contracted,	
If not at place of death?————————————————————————————————————	
On Brown's Fare	DATE OF BURIAL
20 UNDERTAKER	ADDRESS

Brookeville

Two. W. Carkell

more hisnks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

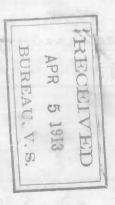
[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSINO DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industy; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary Areman, etc. But in many first line will be sufficient, e. g., applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative lealthful-Housewife, Housework, or At Home, and children, not Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salcsman, return "Laborer," If the occupation has Farmer or Planter, "Foreman,"

Statement of cause of death—Name, first, the disease causino death—Name, first, the disease causino death—Name, first, the disease causino death respect to the and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid neumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, pertionacum, etc.. Carcin-

childbirth or miscarriage, as "Purrereal septicharcause of death approved by Committee on Nomencla scpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. mia," "PUERPERAL peritonitis," etc. State etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maran "Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms of terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. ture of the American Medical Association.) "Contributory." by carbolic acid—probably suicide. dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJUSY and qualify as which surgical operation was undertaken. Bronchopncumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 valvular heart disease; Ohronic interstitial nephritis ver' is less genuite, arous and cough; Chronic, van neopleams); Measles; Whooping cough; Chronic, er" is less definite; avoid use of "Tumor" for mailg oma. Surcoma. etc., of The contributory Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of (secondary or Intercurrent) "Dropsy," (name origin; "Can-The nature of the "Exhaustion," Never report Examples: cause for For vio-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD PERMANENT BINDING 4 UNFADING INK-THIS IS FOR RESERVED MARGIN WRITE PLAINLY, WITH

No. 80 1 PLACE OF DEATH

County montgomery 3/66	CERTIFICATE OF DEATH Registration Dist. No. 218
Village or City gaillierstring (No. 2 PULL NAME Wirgima Ead	St.; Ward) [if death occurred in a hospital or institution, give its NAME lostead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL GERTIFICATE OF DEATH
Jensk Coloror BACE Single, Surgle Whowed, Whowed, Write the word)	16 DATE OF DEATH MOVEL 6th, 1913 (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
Sept 28th, 1912 (Month) (Day) (fear)	march 1 1917, to march 4 1917, that I last saw han alive on march 6 ,1917
7 AGE If LESS than 1 day,hrs. ormlo.?	and that death occurred on the date stated above, at
8 OCCUPATION (a) Trade, profession, or particular kind of work	mingitis
business, or establishment in which employed (or employer)	(Duration) yrs. mos. / ds.
State or country) WEN Va.	(Secondary) (Duration)
10 NAME OF Robert E. Eader	(Signed) . G. Elchism , M. D.
11 BIRTHPLACE OF FATHER (State or country) Moryland.	Manch (6, 101.). (Address) XYOttlussung State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT
of Mother Cassil, Bucklew	CAUSES, state (1) MEANS OF INJUST; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE OF MOTHER (State or country) WES Va.	At place In the of death yrs. 2 mos. ds. State 2 yrs. mos. ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
Informant) Root Or Co. Co.	usual residence With Congress
(Address). Gallerstring	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL NEWBURY W. Wa. 8 at 84,913 20 UNDERTAKER ADDRESS
Filed March 4 1913 C. h. atchism h. al	a & Carlisla Gaillerston

STATE OF MARYLAND

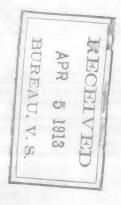
[Approved by U. S. Census and American Public Health Association.]

"Manager," "Dealer," etc., without more precise specicated thus: Farmer (retired 6 yrs.). For persons of persons engaged in domestic service for wages, as who have no occupation whatever, write None. causing death, state occupation at beginning of illbeen changed or given up on account of the DISEASE should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: cases, especially in industrial employments, it is nec-Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not minc, etc. additional line is provided for the latter statement; the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative wealthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the niskase causino death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Ccrebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

such, if impossible to determine definitely. mia," "PUERPERAL peritonitis," ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skuil, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJUSY and qualify as which surgical operation was undertaken. childbirth or miscarriage, as "Purperal septichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease cansing death), 29 affection need not be stated unless important. valvular heart disease; Chronic interstitial nephrities. nant neoplasms); Measles; Whooping cough; Chronic Accidental drowning; Struck by railway train-acci--Heart failure," "Haemorrhage," "Inanition," "Maras-"Coliapse." "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report er" is less definite; avoid use of "Tumor" for malls. oma. Sarcoma. etc., of ... The contributory (secondary or intercurrent.) tetanus) may be stated under the head of Aiways qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of "Dropsy," ... (name origin; "Canetc. State cause for "Exhaustion," Examples: For vio-

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	ECORD	IYSICIANS should state OCCUPATION is very
	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSIGIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
NO. 1.	WRITI	Every Item of I CAUSE OF DE

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1	PLACE	OF	DEATH	376
				9 0 0

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 210

..Ward)

[If death occurred in a hospital or institution.

	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 51	4 COLOR OR RACE MARRIED, WIGOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH Mar 9, 191.3 (Month) (Day) (Year)
6 p	ATE OF BIRTH Sefet 3- 1910	17 I HEREBY CERTIFY, That I attended deceased from Fab 6 th 1913, to march 9 th 1913.
	(Month) (Day) (Year)	that I last saw h & allve on man 9th 1913
TAG	ge If LESS than 1 day,hrs. ormin.?	and that death occurred on the date stated above, at 7-30 Pm. The CAUSE OF DEATH* was as follows:
(a)) Trade, protession, or titicular kind of work	and Thewing tas
bus	General nature of industry, iness, or establishment in ch employed (or employer)	(Duration) yrs. mos. 3 ds.
9 BI (S:	tate or country) many land	Contributory(Secondary)
10	10 NAME OF FATHER IN Gordon	(Signed) January Hypor, M. D.
RENTS	11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL
PAR	13 BIRTHPLACE OF MOTHER (State or country) Russia	TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death
	Informant) In Gordon	Where was disease contracted, it not at place of death?
15	(Address) Derwood and RIM	19 place of Burial or REMOVAL DATE OF BURIAL 2.6.13. A. Cenneter & Mar. 1
FII	ed Man 10 , 1913 D pt Dypon	20 UNDERTAKER ADDRESS Lan tous will.

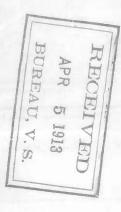
[Approved by L. S. Census and American Public Health Association.]

(a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of iiibeen changed or given up on account of the disease of persons engaged in domestic service for wages, as duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speciit should be used only when needed. As examples additional line is provided for the latter statement; cases, especially in industrial employments, it is necwho have no occupation whatever, write None. Scrvant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid disease); Tubercunonia"); Lobar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

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pinous OCCUPATION PHYSICIANS RECORD PERMANENT Exact ciassified properly AGE certifica of terms should pial Pol instruct = EATH WRITE 0 FO CAUSE OF Important.

Very

STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. [If death occurred in St.:...Ward) a hospital or institution. give its NAME instead of street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 SINGLE, 3 SEX 4 COLOR OR RACE Mich MARRIEO, LA WIDOWED, (Month) (Day) OROIVORCEO (Write the word) HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH (Month) (Day) (Year) If LESS than and that death occurred on the date stated above, at 2 7 AGE f day,hrs. The CAUSE OF DEATH * was as follows: OR min. ? BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry. business, or establishment in (Duration) which employed (or employer) Contributory..... 9 BIRTHPLACE (State or country) (Secondary) Duration) 10 NAME OF FATHER ARENTS 11 BIRTHPLACE OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS 0 OR RECENT RESIDENTS) OF MOTHER (State or country) At place in the of death yrs. mos. ds. 'State ...

If more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

Where was disease contracted.

PLACE OF BURIAL OR

REMOVAL

....., 191\3

ADDRESS

if not at place of death?

20 UNDERTAKER

Former or

usual residence.

[Approved by U. S. Census and American Public Health Association.]

(a) Spinner, (b) Cotton mill; (a) Salesman, mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of ilibeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborer-('oal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry; and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. Housewife, Housework, or At Home, and children, not essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative meaithful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," "Foreman," If the occupation has As examples: For persons (6)

Statement of cause of death—Name, first, the diberal Causing death—In all primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cercbrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid disease); Lobar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite); Tuberculosts of lungs, meninges, peritonaeum, etc... Carcin-

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If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

APR 8 1913
BUREAU, V.S.

certificate.

back

Instructions

Important.

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state

[Approved by U. S. Census and American Public Health Association.]

causing death, state occupation at beginning of iiiduties of the household only (not paid Housekeepers additional line is provided for the latter statement; statement. material worked on may form part of the second the nature of the business or industy; and therefore an been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples. essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Houscwife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. (a) Spinner, (b) Cotton mill; (a) Salcsman, (b) Civil engineer, Stationary fireman, etc. But in many applies to each and every person, irrespective of age. ness of various pursuits can be known. tion is very important, so that the relative mealthful-Physician, Compositor, Architect, Locomotive engineer, irst line will be sufficient, e. g., Farmer or Planter, or many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," The question

Statement of cause of death—Name, first, the dispasse causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Tneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcinosis of lungs, meninges, peritonacum,

by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Oid Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasmere symptoms or terminal conditions, such as "Asampie: Measles (disease causing affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, ture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS STATE MEANS OF INJURY and qualify as which surgical operation was undertaken. "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. nant neoplasms); Measies; Whooping cough; Chronis, ver" is less definite; avoid use of "Tumor" for mails. oma. Sarcoma. etc., of ... The contributory Always qualify all diseases resulting from "Senile," etc.), "Dropsy," (Recommendations on statement of (secondary or intercurrent) (name origin; "Candeath), 29 "Exhaustion," Never report Examples: For viod8.

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.



V. S. No. 1.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

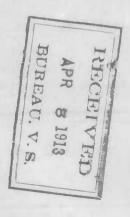
Village or City Comuse (No. 2 FULL NAME LEONGE R. Hay	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 220 [it death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Colored (Write the word)	16 DATE OF DEATH Mor. 26, 1913 (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH Mot. 10 1839 (Month) (Day) (Year)	that I last saw h allve on Mar 6 1913.
TAGE If LESS than 1 day,hrs.	and that death occurred on the date stated above, at 7:30 $\alpha_{\rm m}$, The CAUSE OF PEATH* was as follows:
which employed (or employer) 9 BIRTHPLACE (State or country) North Le aroliva	(Duration) yrs
11 BIRTHPLACE OF FATHER 12 MAIDEN NAME OF MOTHER OF MOTHER 12 MAIDEN NAME OF MOTHER OF MOTHER	(Signed)
12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVEAS TRUE TO THE BEST OF MY KNOWLEDGE	TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death
(Intermant, Isa Hayo	If not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed Mar. 26, 1913 J. M. White docal REGISTRAN	Hyattstown Md Mar. 28, 1913. TO UNDERTAKER Hillow Hours Bane swills. MD
'If more blanks are needed, address State Regis trar, 6	E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

it should be used only when needed. As examples:
(a) Spinner, (b) Cotton mill; (a) Salcsman, (b)
Grocery; (a) Foreman, (b) Automobile factory. The cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of ilibeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. additional line is provided for the latter statement; the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. applies to each and every person, irrespective of age. who have no occupation whatever, write None Servant, Cook, Housemaid, etc. If the occupation bas Housewife, Housework, or At Home, and children, not who receive a definite saiary), may be entered as mine, etc. material worked on may form part of the second Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. tion is very important, so that the relative Lealthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," But in many The question "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing decided with respect to time and causation), using always the same accepted term for the same disease. Examples: Ccrcbrospinal fever (the only definite synonym is "Epidemic cere-trospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

etc. The contributory (secondary or intercurrent affection need not be stated unless important. dent; Revolver wound of head-homicide; Potsoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably mia," "PUERPERAL pcritonitis," etc. State causo for childbirth or miscarriage. as "Hart failure," "Haemorrhage," "Inanition," "Maras mere symptoms or terminal conditions, such as "Asvalvular heart disease; Chronic interstitial nephritis, nant neopiasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomencia "Contributory." sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisucb, if impossible to determine definitely. LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. etc., when a definite disease can be ascertained as the "Coliapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopncumonia (secondary), 10 ds. oma. Sarcoma. etc., of is iess definite; avoid use of "Tumor" for mailg-"Old Age," "Shock." 'Traemia," "Weakness," Aiways qualify ail diseases resulting from Measles (disease causing death), 29 ds.: "Senile." etc.), (Recommendations on statement of "Dropsy," "Exhaustion," "TUERPERAL septichae-... (name origin; "Can-Never report Examples:



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SICIANS should occupation is PHYSICIANS RECORD ŏ statement ENT EXACTLY. PERMAN Exact classified. pe D properly AG supplied. be O may that it ma ŏ pe back terms, should piain Information EATH in piain instructions WRITE ō 0 Item 9 Important. Every II

FATHER

11 BIRTHPLACE

12 MAIDEN NAME

13 BIRTHPLACE

14 THE ABOVE IS TRUE

(Address) ...

(Intermant)

OF MOTHER

OF MOTHER

OF FATHER (State or country)

ARENT

15

Filed

state

PLACE OF DEATH STATE OF MARYLAND

CERTIFICATE OF DEATH Registration Dist. No. Ilf death occurred in St:.....Ward) Village or City. a hospital or institution. give its NAME Instead of street and number. I ²FULL NAME MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 SINGLE, COLOR OR RACE MARRIED. WIDOWED, (Month) (Day) (Year) ORDIVORCED (Write the word) HEREBY CERTIFY, That I attended deceased from 8 DATE OF BIRTH (Day) (Month) (Year) if LESS than 7 AGE and that death occurred on the date stated above, at t day, hrs. The CAUSE OF DEATH * was as follows: ds. mos. BOCCUPATION (a) Frade, protession, or particular kind of work. (b) General nature of Industry. business, or establishment in which employed (or employer) Contributory.... 9 BIRTHPLACE (State or country) (Secondary) (Duration) 10 NAME OF

(Signed)

REGISTRAR

., 191 (Address) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-TAL, SUICIDAL, OF HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of death yrs. mos. ds. State yrs. mos. .. Where was disease contracted.

It not at place of death?

usual residence.

REMOVAL DATE OF BURIAL

ADDRESS

20 UNDERTAKER

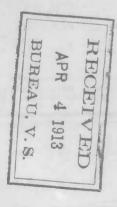
prore blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; applies to each and every person, irrespective of age been changed or given up on account of the DISEASE Housewife, Housework, or At Home, and children, not who receive a definite satary), may be entered as minc, etc. statement. (a) Spinner, it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative mealthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salcsman, return "Laborer," "Foreman," As examples: For persons (d)

Statement of cause of death—Name, first, the disease causing death—In all all respect to the and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencla sepsis, tctanus) injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Puerperal scottchae ctc., when a definite disease can be ascertained as the inus," "Old Age," "Shock," "Traemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 nant neoplasms); Measles; Whooping cough; Chronic "Contributory." by carbolic acid-probably suicide. The nature of the ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. "Heart failure," "Haemorrhage," "Inanition," "Maras-"Coliapse." "Coma," "Convulsions." "Debility" ("Conmere symptoms or terminal conditions, such as "As affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis er" is less definite; avoid use of "Tumor" for mails oma. Sarcoma. etc., of _ Bronchopneumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senfle," etc.), (Recommendations on statement of may be stated under the head "Dropsy," "Exhaustion," (name origin; "Can State cause for Examples: For vio-



supplied. AGE should be stated EXACTLY. PHYSICIANS should state may be properly classified. Exact statement of OCCUPATION is very PERMANENT BINDING INK-THIS RESERVED carefully supplied. UNFADING MARGIN B.—Every item of information should be CAUSE OF DEATH in pizin terms, s

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that It

S SE	PERSONAL AND STATISTIC 4 COLOR OR RACE HINCH TE OF BIRTH January	5 SINGLE, MARRIEO, WIDOWEO, ORDIVORCEO (Write the word	mgl
	TE OF BIRTH Jonarch		1)
AG	(Month)	(Day)	, 1963 (Year)
			If LESS than 1 day,hrs. ORmin.?
(St	10 NAME OF FATHER	1 D A	1.0/
ENTS	11 BIRTHPLACE OF FATHER (State or country)	d 1	1
PARE	12 MAIDEN NAME OF MOTHER	A Company	NOTE NH
	13 BIRTHPLACE OF MOTHER (State or country)	and a	
	TIS BIRTHPLACE OF MOTHER (State or country) HE ABOVE IS TRUE TO THE BEST (Informant) (Address)		LEDGE

ASTATE OF MARYLAND CERTIFICATE OF DEATH

Registered No.

.Ward)

MEDICAL CERTIFICATE OF DEATH

[if death occurred in a hospital or institution, give its NAME instead of street and number.]

16 DATE OF DEATH	12 1913
(Month)	
17 I HEREBY CERTIFY, Tha	t I attended deceased from
191, to	, 191
that I last saw hallve on	, 191
and that death occurred on the date state	ed above, at
The CAUSE OF DEATH * was as follows	0
Sumatrik allin	un
0 .	
27,01 - 13,107	
· · · · · · · · · · · · · · · · · · ·	
(Duration)	yrsmosd
Contributory (Secondary)	
(Duration)	yrsd:
	/
(Signed)	, M
(Smile 13, 1913 (Address)	chould he
*State the DISEASE CAUSING DEATH, O CAUSES, state (1) MEANS OF INJURY; & TAL, SUICIDAL, OF HOMICIDAL.	an in donthe from Warran
18 LENGTH OF RESIDENCE (FOR HOSPITAL	LS, INSTITUTIONS, TRANSIENT
OR RECENT RESIDENTS) At place	
of death yrs mos ds. State	
Where was disease contracted,	
If not at place of death?	>
Former or	
	000000000000000000000000000000000000000
19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Rochielle md.	mar. 12, 1913
20 UNDERTAKER	ADDRESS

if more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons who have no occupation whatever, write None. CAUSING DEATH, state occupation at heginning of ill-Servant, Cook, Housemaid, etc. If the occupation has heen changed or given up on account of the niseass of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers "Mauager," "Dealer," etc., without more precise specistatement. gainfully employed, as At school or At home. minc, etc. fication, as Day laborer, Farm laborer, Laborer-Coal Grocery; (a) Foreman, (b) Automobile factory. The It should he used only when needed. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salcsman, additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the death respect to the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid disease.); Tubercunonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcinological cause of lungs, meninges, peritonacum, etc.. Carcinological cause of lungs, meninges, peritonacum, etc.. Carcinological cause of lungs, meninges, peritonacum, etc...

ture of the American Medicai Association.) cause of death approved by Committee on Nomenclascpsis, tetanus) injury, as fracture of skull, and consequences (e. g., "Contributory." by carbolic acid-probably suicide. dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Puerperal septichaemus," "Oid Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inaultion," "Maras-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioetc., when a definite disease can he ascertained as the "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemla" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Measles (disease causing death), 20 affection need not be stated unless important. vulvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronio cer" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) Aiways qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of may he stated under the head "Dropsy," "Exhaustion," (name origin; "Can-The nature of the Never report

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APR 8 1913
BURFAU. V. S.

No. 1.

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PHYSICIANS should state of OCCUPATION IS RECORD Exact statement PERMANENT EXACTLY. stated carefully supplied. AGE should be so that it may be properly classified. UNFADING INK 80 N. B.—Every item of information should be c CAUSE OF DEATH in plain terms, so important. See instructions on back of WITH WRITE PLAINLY,

certificate.

15

County Moulg	STATE OF MARYLAND CERTIFICATE OF DEATH Registered No. 2/4
FULL NAME Martha Eliga	a bospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female The (Write the word)	(Month) (Day) (Year) 17 HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH (Month) (Day) (Year)	Sept 1912 to Mark 11, 1913
7 AGE 11 LESS than 1 day,	and that death occurred on the date stated above at Kr
(a) Trade, profession, or Housewike particular kind of work	Street
(b) General nature of industry, business, or establishment in which employed (or employer)	(Doration) O yrs. 9 mos. 63
State or country) Shawas & lee Md.	Contributory (Secondary) (Ouration) yrs mos 63.
10 NAME OF Reuben Johnson	(Signed) A Drown, M.D.
Y IN BIRTHPLACE OF FATHER ((State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-
12 MAIDEN NAME granel Source	TAL, SUICIDAL, OF HOMICIDAL.

OF MOTHER (State or country

IS TRUE TO THE BEST OF MY KNOWLEDGE

(Address)

REGISTRAR

It not at place of death? Former or usual residence

_ mos.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

.... ds.

In the

REMOVAL 20 UNDERTAKER

..... yrs.

Where was disease contracted.

ADDRESS

State yrs, mos, ds.

more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

At place

[Approved by U. S. Census and American Public, Health Association.]

cated thus: Farmer (retired 6 yrs.). ness. If retired from husiness, that fact may be indi-CAUSINO DEATH, state occupation at heginning of iilof persons engaged in domestic service for wages, as should be taken to report specifically the occupations who have no occupation whatever, write None. been changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborermaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should he used only when needed. additional line is provided for the latter statement; the nature of the husiness or industry, and therefore an applies to each and every person, irrespective of age. Housewife, Housework, or At Home, and children, not minc, etc. "Manager," "Dealer," etc., without more precise specistatement. (a) Spinner, (b) Cotton mill; (a) Salcsman, essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never retnrn "Laborer," If the occupation has Farmer or Planter, As examples: For persons "Foreman," -Coal (g)

Statement of cause of death—Name, first, the disease causino death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerchrospinal fever (the only definite synonym is "Epidemic cere-trospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid neumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonacum, etc.. Carcin-

cause of death approved by Committee on Nomencia. "Contributory." cause. Always qualify all diseases resulting from ture of the American Medicai Association.) scpsis, tctanus) injury, as fracture of skuii, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJUSY and qualify as which surgical operation was undertaken. For vromia," "PUERPERAL peritonitis," etc. childbirth or miscarriage. as "PUERPERAL scptichacetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Collapse." "Coma," "Convulsions," "Dehility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis Accidental drowning; Struck by railway train—accimere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of ... is less definite; avoid use of "Tumor" for malig-The contributory "Old Age," "Shock," "Traemia," "Weakness," (Recommendations on statement of may he stated under the head (secondary or intercurrent) "Dropsy," "Exhaustion," (name origin; "Can-State cause for Examples: 10

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

APR 1918

V. S. No. 1.

RECORD	PHYSICIANS should state of OCCUPATION is very
WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE. OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
	ż

	CTATE OF MARY AND
PLACE OF DEATH 3774	STATE OF MARYLAND
County mining Co.	CERTIFICATE OF DEATH
	Registration Dist. No. 4.1.4
Village or City Poolsonlle (No	St.; Ward) [It death occurred in a hospital or institution, give its NAME instead of sfreet and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	16 DATE OF DEATH
MARRIED, WIDOWED, Surgle	(Month) (Day) (Year)
males Colorel (Write the word)	17 I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH	march 12, 1913, to march 18, 191 1.
(Month) (Day) (Year)	that I last saw humalive on march 12 1913
7 AGE If LESS than	and that death occurred on the date stated above, at 9 9 m.
1 day,hrs.	The CAUSE OF DEATH* was as follows:
yrs ds. ORmin. ?	Bunnelical Promisers
(a) Trade, profession, or particular kind of work	
(b) General nature of Industry, business, or establishment In	(Ouration) yrs. mos. 7 ds.
which employed (or employer) 9 BIRTHPLACE (State or country)	Gontributory Where friend Caralles (Secondary) (Duration) yrs mos 15 ds
10 NAME OF Harresus Jacksey	(Signed) E. W. W. Lile, M. D.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
13 BIRTHPLACE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the
OF MOTHER (State or country) Porterill and	ot death yrs mos ds. State yrs mos ds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, it not at place of death?
(Informant) Eurilla Jackson	Former or usual residence
Postemble mi	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address)	Coleanel in may may 20, 191, 3
Filed may 20, 1913 & W While	20 UNDERTAKER ADDRESS
REGISTRAR	eles Dans

more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at heginning of illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer—Coal "Manager," "Dealer," etc., without more precise specistatement. additional line is provided for the latter statement; the nature of the business or industry; and therefore an cases, especially in industrial employments, it is nec-Servant, Cook, Housemaid, etc. If the occupation has Mousewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But ln many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can he known. The question tion is very important, so that the relative mealthful-Statement of occupation-Precise statement of occupa-If retired from husiness, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: For persons "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death—Inary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid deumonia"); Lobar pneumonia; Bronehopncumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonaeum, etc.. Carcin-

injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Potsoned such, if impossible to determine definitely. mia," "Tuerperal peritonitis," etc. State cause for childbirth or miscarriage. as "Purremeal schilchaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," 'Traemla," "Weakness," etc. The contributory (secondary matter affection need not be stated unless important. Examples death). 29 ds. ture of the American Medical Association.) cause of death approved by Committee on Nomencla "Contributory." sepsis, tetanus) by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio-"Tagart failure," "Haemorrhage," "Inanition," "Maras "Collapse." "Coma," "Convulsions," "Dehility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 valvular heart disease; Chronic interstitial namitis oma. Sarcoma. etc., of .. mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report nant neoplasms); Measles; Whooping cough; Chronic is less definite; avoid use of "Tumor" for malig-Always qualify all diseases resulting from "Senile." etc.), (Recommendations on statement of may he stated under the head of "Dropsy," "Exhaustion," (name origin; "Can-Examples:



FOR BINDING RESERVED MARGIN

Exact statement PERMANENT stated EXACTLY. of information should be carefully supplied. AGE should be s DEATH in plain terms, so that it may be properly classifled. See instructions on back of certificate. UNFADING INK-THIS WRITE PLAINLY, WITH

CAUSE OF Important. S item

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No. ú PHYSICIANS should state of OCCUPATION Is very

RECORD

1 PLACE OF DEATH Village or City Much Bock relle (No. , St; Ward)

3775

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 213

[If death occurred in a hospifal or institution. give Its NAME Instead of sfreef and number.]

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Famel Grand (Write the word)	18 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH J. R. R. M. M. M. (Day) (Year)	that I last saw h 12 alive on Man 6 1913,
7 AGE If LESS than 1 day,	and that death occurred on the date stated above, at
B OCCUPATION (a) Trade, profession, or parficular kind of work (b) General nature of Industry, business, or establishment in	Oulmonary Publiculars
which employed (or employer) BIRTHPLACE (State or country) Meanuland	(Ouration) yrs. mos. ds. Contributory Aredity (Secondary) (Ouration) 5.0 yrs. mos. ds.
11 BIRTHPLACE OF FATHER (State or country) Canknown	(Signed) Collater Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
12 MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER OF MOTHER (State or country) Unknown	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, or Recent Residents) At place In the of death
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Day A Configuration	Where was disease contracted, if not at place of dealh? Former or usual residence Washington A B
(Address) 2 Acharolle Md., 16 Filed. 191 REGISTRAR	19 PLACE OF BURIAL OR REMOVAL Alms House Farm May 10, 1913 20 UNDERTAKER WRPumphrey Rockelle MA

If more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Fublic Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speciit should be used only when needed. As examples: additional line is provided for the latter statement; who have no occupation whatever, write None. Scrvant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulbeen changed or given up on account of the DISEASE (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salcsman, For persons (0)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid dneumonia"); Lobar pneumonia; Bronchopneumonia ("Fneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonaeum, etc.. Carcin-

affection need not be stated unless important. Example: Meastes (disease causing death), 29 de. ture of the American Medical Association.) cause of death approved by Committee on Nomencla "Contributory." scpsis, tctanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJUSY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Turreral scotichae etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," 'Traemia," "Weakness," "Hart fallure," "Haemorrhage," "Inanition." "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic zer" is less definite; avoid use of "Tumor" for malls. oma. Sarcoma. etc., of The contributory liways qualify all discases resulting from "Senile," etc.), may be stated under the head (Recommendations on statement of (secondary or intercurrent; "Dropsy," "Exhaustion," (name origin; "Can-Never report Examples:



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RECORD

STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. Ilf death occurred in .Ward) a hospital or institution. give its NAME instead of street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 SINGLE, 3 SEX 4 COLOR OR RACE MARRIED. WIDDWED. (Month) (Dav) Write the word) I HEREBY CERTIFY, That I attended deceased from 17 8 DATE OF BIRTH that I last saw h Lase (Day) (Year) (Month) If LESS than TAGE and that death occurred on the date stated above, at 1 day, hrs. The CAUSE OF DEATH* min. ? 8 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in yrs. mos..... which employed (or employer) -----Contributory..... 9 BIRTHPLACE (State or country) (Secondary) (Duration) 10 NAME OF (Signed) FATHER: may 9, 191. 3 (Address) ARENTS 11 BIRTHPLACE OF FATHER (State or country *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS DR RECENT RESIDENTS 13 SIRTHPLACE At place In the OF MOTHER of death yrs. mos. ds. State yrs, mos. Where was disease contracted. 14 THE ABOVE IS TRUE TO BEST OF MY KNOWLEDGE if not at place of death? usual residence 19 PLACE-OF BURIAL OR REMOVAL DATE OF BURIAL (Address). 15 20 UNDERTAKER ADDRESS REGISTRAR

blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of Illof persons engaged in domestic service for wages, as duties of the household only (not paid Housekeepers who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthfulit should be used only when needed. For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (g)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cercbrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid deumonia"); Lobar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. mia," "TUERPERAL pcritonitis," etc. childbirth or miscarriage, as "Purrental scottchaeetc., when a definite disease can be ascertained as the mus," "Old Age." "Shock." 'Traemia," "Weakness." -Hart fallure," "Haemorrhage," "Inanition," "Marasgenital," "Senile." etc.), ample: Measles (disease causing death), 29 ds. ture of the American Medical Association.) "Contributory." sepsis, tetanus) muy be stated under the head by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide: Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. "Collapse." "Coma," "Convulsions," "Debility" ("Conthebia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma, etc., of ... mere symptoms or terminal conditions, such as "Asis less definite; avoid use of "Tumor" for mails The contributory (secondary or intercurrent Always qualify all diseases resulting from (Recommendations on statement of "Dropsy," _ (name origin; "Can-State cause for "Exhaustion," Never report Examples:

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

APR 4 1918
BUREAU, V.S.

BINDING FOR RESERVED MARGIN

PHYSICIANS should state of OCCUPATION is very RECORD PERMANENT EXACTLY. stated should be WRITE PLAINLY, WITH UNFADING INK-THIS AGE carefully supplied. of information should be CAUSE OF

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S. No. 1.

1 PLACE OF DEATH

3777



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.;....Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male nego (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
6 DATE OF BIRTH = = 10 15 , 1913 (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended deceased from
7 AGE If LESS than 1 day, hrs. OR min. ?	and that death occurred on the date stated above, at
(a) Trade, protession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer)	(Quration) — yrs. — mos. 2 ds.
9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 22 (State or country)	(Signed)
12 MAIDEN NAME OF MOTHER LIET SMILES 13 BIRTHPLACE OF MOTHER (State or country)	TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the ot death
(Informant) The BEST OF MY KNOWLEDGE	Where was disoase contracted, If not at place of death? Former or usual residence
(Address) Rinsus/fin	Wheaton Md. DATE OF BURIAL 20 UNDERTAKER
Filed REGISTRAR	Father Jane Address

If more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health:
Association.]

of persons engaged in domestic service for wages, as should be taken to report specifically the occupations who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary Arcman, etc. But in many first line will be sufficient, e. g., applies to each and every person, irrespective of age. who receive a definite salary), may be entered as mine, etc. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer or Planter, As examples:

Statement of cause of death—Name, first, the nisease causing neath (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Ccrebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Cronp"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc... Carcinosis of lungs, meninges, peritonaeum, etc...

cause of death approved by Committee on Nomencla "Contributory." dent; Revolver round of head-homicide; Poisoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJUSY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage. as "Puerperal scottchaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," 'Traemia," "Weakness," genitai," "Senile," etc.), ample: Measles (disease causing death), 29 difference fronchonnessments (see Section 1) schsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accigenital," "Senlie." etc.), "Dropsy," "Exhanstion," "Haemorrhage," "Inanition," "Marasthenla," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asoma. Sarcoma. etc., of ... ture of the American Medical Association.) "Collapse." "Coma," "Convulsions," "Debility" ("Con-Bronchopncumonia (secondary), 10 ds. Never report valvular heart discase; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic is less definite; avoid use of "Tumor" for mails. The contributory (secondary or Intercurrent) may be stated under the head (Recommendations on statement of (name origin; "Can-10

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

APR 1918
BUREAU, V. S.

No. 1.

Every ltem of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT

1 PLACE OF DEATH County Moulgo

3778

STATE OF MARYLAND CERTIFICATE OF DEATH 2/1

Village or City Hy allstone (No	St; Ward) [If death occurred in a hospitat or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Flund 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	18 DATE OF DEATH Month (Month) (Day) (Year) 17 1 HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH ft. (Month) (Day) (Year)	that I last saw her allye on Pranch 1912.
TAGE If LESS than 1 day,hrs. ORmin,? B OCCUPATION (a) Trade, profession, or particular kind of work.	and that death occurred on the date stated above, at 2 9 m. The CAUSE OF DEATH* was as follows: The CAUSE of DEATH and debute to the state of the s
(b) General nature of industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country) Juga	(Duration) yrs. 6 20 mos ds. Contributory (Secondary)
10 NAME OF FATHER MENOWN 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER	(Signed)
of MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	1B LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, or Recent Residents) At place in the of death
(Informant) Will Furner Jul Address) Hyaltstone My Filed pr 29 1913 - 6 Deets REGISTRAR If sore lianks are needed, address State Registrar, 6 1	Former or usual residence 19 PLACE OF BURIAL OR REMOVAL Mourovia June Sharch (1948) 20 UNDERTAKER Hollow Barnesville

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N. B.-

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers been changed or given up on account of the nisease gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfuimine, etc. material worked on may form part of the second first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salcsman, return "Laborer," For persons "Foreman,"

Statement of cause of death—Name, first, the nisease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc., Carcin-

MAY 7 1913 BUREAU, V.S.

ture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. mia," "PUERPERAL peritonitis," chiidbirth or miscarriage, as "Puerperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," thenla," "Anaemia" (nierely symptomatic), "Atrophy," ampie: Measles (disease causing death), 29 affection need not be stated unless important. valvular heart disease; Chronic interstitial nephrftis: dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Coliapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report nant neopiasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of The contributory (secondary or intercurrents) Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of etc. State cause for (name origin; "Can-Examples: For vio-



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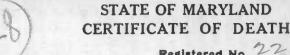
RECORD

Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

B.—Every Item CAUSE OF

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V. S. No. 1.



Registered No.

Ward)

[If death occurred in a hospital or Institution, give its NAME Instead of street and number.]

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jensle White (Write the word)	16 DATE OF DEATH March 6, 1913. (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
March 6, 1913 (Month) (Day) (Year)	that I last saw her allve on March 5 , 1913
7 AGE If LESS than 1 day,hrs. ORmin. ?	and that death occurred on the date stated above, at The CAUSE OF DEATH* was as follows: Physics Pulmonalis
(a) Trade, profession, or particular kind of work. (b) General natura of industry, business, or cetablishment in which employed (or employer) BIRTHPLACE	avor (Duration) yrs mos ds
10 NAME OF Jacob Lock	(Signed) Sant Barukar M. D. Merch 6, 1913 (Address) 916 Mags Red
(State or country) 12 MAIDEN NAME OF MOTHER Mary Sugel	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)
OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) MANY MEDICAL STRUCTURE OF MY KNOWLEDGE	At place of death yrs. mos. ds. State yrs. mos. ds. Where was disease contracted, 1125-6th nw lif not at place of death? Former or usual residence washington DC washing ton DC
(Address) 1829 Cal st Mach DC Filed Feb J. 1913 HER Ogens REGISTRAN	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Washing for 5 C. Mat 9-, 1913 29 UNDERTAKER ADDRESS ATT AND SOLO 1113.7'- MM

[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of lii-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. The first line will be sufficient, e. g., Farmer or Planter, who have no occupation whatever, write None. been changed or given up on account of the DISTASE who receive a definite salary), may be entered as mine, etc. statement. it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary froman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulmaterial worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, the nature of the husiness or industry, and therefore an For many occupations a single word or term on the ness of various pursults can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—In with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinosis of lungs, meninges, peritonaeum, etc..

cause of death approved by Committee on Nomenclasepsis, tetanus) childbirth or miscarriage, as "Puerpenal septichaeture of the American Medical Association.) "Contributory." Injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart fallure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Collapse." "Coma," "Convulsions," "Debility" ("Conthenla," "Anaemla" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronio cer" is less definite; avoid use of "Tumor" for mally. oma. Sarcoma. etc., of The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of may be stated under the bead of "Dropsy," (name origin; "Can-The nature of the "Exhaustion," Never report Examples:



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSIGIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT BINDING MARGIN RESERVED FOR N. S. No. 1.

PLACE OF DEATH 3780	STATE OF MARYLAND
Manfgaran	CERTIFICATE OF DEATH
Gounty	216
2 1	Registered No.
Village or City Jetherda (No	St.; Ward) [If death occurred in a hospital or institution,
	give its NAME instead
Mile bon 1	M. C. Meededke of street and number.]
FULL NAME	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 5 BINGLE,	18 DATE OF DEATH 3-13-13.
WIDOWED.	(Month) (Day) (Year)
funds White (Write the word)	17 M. 2 12 HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH 2 d 1341	UN 34/35/3,191 to 191 ,
mo, 10 day, 1913	
(Month) (Day) (Year	
7 AGE If LESS 11 1 day,	re
O yrs. O mos. Ods. OR.J. min.	
8 OCCUPATION 6	
(a) Trade, profession, or particular kind of work	
(b) General nature of lodustry,	***************************************
business, or establishment in	(Duration) yye. mos ds.
which employed (or employer)	Contributory Intrepriore present Impacts
(State or country) Pritisha. Mostry	6 Scoules am freutil (Deration) 12 fees, mos 65.
10 NAME OF	1/5PMm.11.
FATHER John D. Melluly	(Signed) , M. O.
OF STATES	3-13/3,191 (Address) 37100014
(State or country) Mand	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER	TAL, SUICIDAL, OF HOMICIDAL.
a Many Many Many Olom	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER	At place In the
OF MOTHER (State or country)	of death yrs mos ds. State yrs mos ds. Where was disease contracted.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	If not at place of death?
(Informant) — + alky,	Former or
Bothed. hil	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address)	1 deste 7 00 3/15 3
16 2/11 3 let of Language	20 UNDERTAKER ADDRESS
Filed 3/14 1913 John X. Fleers mich	720
RÉGISTRAR	I.a. Costillo Wash. OC
If more blanks are needed, address State Regi-	strar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

"Manager," "Dealer," etc., without more precise specistatement. cated thus: Farmer (retired 6 yrs.). For persons duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, Grocery; (a) Foreman, (b) Automobile factory. cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the nisease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," The (0)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing definite same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinologies of lungs, meninges, peritonaeum, etc..

such, if impossible to determine definitely. mia," "PUERPERAL peritonitis," childbirth or miscarriage, as "Pursersal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. Ex-ample: Meastes (disease causing death), 29 ds.; ture of the American Medical Association.) cause of death approved by Committee on Nomencla. "Contributory." injury, as fracture of skuli, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronio cer" is less definite; avoid use of "Tumor" for mailgoma. Sarcoma. etc., of The contributory (secondary or intercurrent) : totanus) may be stated under the head Always qualify all diseases resulting from (Recommendations on statement of etc. State cause for (name origin; "Can-Examples: For vio-



No. 1.

. S.

	should state
RECORD	PHYSICIANS of OCCUPAT
WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
	Z.

PLACE OF DEATH 3781. County Williags or City Parle will ano. 2FULL NAME Honry Class	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
A COLOR OR RACE S SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	(Month) (Day) (Year) I HEREBY CERTIFY, That I attended deceased from 1912, to May 28, 1913,
(Month) (Day) (Year)	that I last saw ham alive on Mark 25 1913
7 AGE If LESS than 1 day,	and that death occurred on the date stated above, at
(a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country)	Contributory Pulment (Secondary) (Secondary) (Duration) (Secondary) (Secondary) (Secondary) (Secondary) (Secondary) (Secondary) (Secondary) (Secondary) (Secondary)
10 NAME OF FATHER ME PLANT ME PLANT OF THE STATE (State or country) 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER	(Signed)
of Mother 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR MOSPITALS. INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death
(Intermant). Character Me Rhyson (Address). Processing wells	Former or usual residence. 19 place of Burial or REMOVAL DATE OF BURIAL Processors 28, 1912.
Filed Most 29, 1913 Ewwhite	20 UNDERTAKER ADDRESS

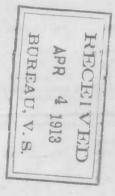
more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

Grocery; (a) Foreman, (b) Automobile factory. statement. material worked on may form part of the second should be taken to report specifically the occupations "Manager," "Dealer," etc., without more precise specicated thus: Farmer (retired 6 yrs.). CAUSING NEATH, state occupation at beginning of lliof persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication, as Day laborer, Farm laborer, Laborer-Coal it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as (a) Spinner, (b) Cotton mill; (a) Salcsman, essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," "Foreman," As examples: For persons (d)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuderculosis of lungs, meninges, peritonaeum, etc.. Carcin

cause of death approved by Committee on Nomencla "Contributory." sepsis, tctanus) may be stated under the head such, if impossible to determine definitely. which surgical operation was undertaken. For viomia," "PUEEPERAL peritonitis," etc. childbirth or miscarriage, as "Iverpebal scottchaemere symptoms or terminal conditions, such as "Asture of the American Medical Association.) injury, as fracture of skull, and consequences (e. g., by carbolic acid—probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as etc., when a definite disease can be ascertained as the "Inanition," "Maemorrhage," "Inanition," "Marasthenla," "Anacmia" (merely symptomatic), "Atrophy," affection need not be stated unless important. nent neoplasms); Measles; Whooping cough; Chronic er" is less definite; avoid use of "Tumor" for malls oma. Sarcoma. etc., of _ "Collapse." "Coma," "Convulsions," "Debility" ("Con-Bronchopncumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephritis The contributory (secondary or intercurrent; ** "Old Age," "Shock." 'Traemia," "Weakness," Always qualify all diseases resulting from Measles (disease causing death), 29 ds.: "Senile." etc.), (Recommendations on statement of "Dropsy," "Exhaustion," (name origin; "Can-State cause for Examples: 01



V. B. No. 1.

Village or City Hashington Stor To.	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No. 2 / S [if death occurred in a hospital or institution, give its MAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, ORDIVORCED ORDIVORCED (Write the Worth 7 AGE MARRIED, WIDOWED, ORDIVORCED (Write the Worth (Write the Worth 7 AGE 1 4 3 8 1 4 3 8 1 4 3 8 1 4 3 8 1 4 3 8 1 4 3 8 1 6 2 0 min. ?	18 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I sttended deceased from paint. 3/", 1913, to men 12", 1913, that I last saw h.ex. allve on men 12", 1913, and that death occurred on the date stated above, at 11.20 pm, The CAUSE OF DEATH* was as follows: (Arterio Schleraus and
(a) Frade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country)	Courplications (Duration) for yrs. mos. ds. Contributory (Secondary)
10 NAME OF FATHER SILLIAM DIVISION OF FATHER SELLIAM DIVISION OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER OF MOTHER (State or country)	(Signed)
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE Informant) Hilliams H. Hathis (Address) Hashingtons Story 15	Where was disease contracted. On the state of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL ALLEGATION DATE OF BURIAL 20 UNDERTAKER APPRESS

hore blanks are needed, address State Registrar, 6 E. Franklin St., Barto., Requesting V. S. No. 1.

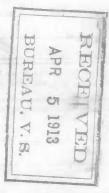
REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

"Manager," "Dealer," etc., without more precise specistatement. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The of persons engaged in domestic service for wages, as material worked on may form part of the second who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of ilibeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Houscwife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary Areman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulminc, etc. Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the DIBEASE CAUSING DEATH (the primary affection with respect to time and causation), using aiways the same accepted term for the same disease. Examples: Ccrobrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unquailfied, is indefinite); Tuberculosis of lungs, meninges, pertionacum, etc.. Carcin-

childbirth or miscarriage, as "PUERPERAL scptichacture of the American Medical Association.) cause of death approved by Committee on Nomencia injury, as fracture of skuii, and consequences (e. g., by carbolic acid-probably suicide. The nature of the mia," "PUERPERAL peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," Bronchopncumonia (secondary), 10 ds. Never report nant neoplasms); Measles; Whooping cough; Chronic "Contributory." dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. 'h'art fallure," "Haemorrhage," "Inanition," "Maras "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (mereiy symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asampie: Measles (disease causing death), 29, ds.; affection need not be stated unless important. - Exvalvular heart disease; Chronic interstitial nephritis ver" is less definite; avoid use of "Tumor" for malig oma. Sarcoma. etc., of . The contributory tetanus) may be stated under the head Always qualify all diseases resulting from "Senfle," etc.), "Dropsy," (Recommendations on statement of (secondary or intercurrent) (name origin; "Can-"Exhaustion," Examples: For VIO-



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Instructions

Important. Every CAUSE

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3783 STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 220 St.;....Ward) MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 18 DATE OF DEATH 5 SINGLE. 3 SEX MARRIED. WIDOWED, (Month) ORDIVORCED I HEREBY CERTIFY. That I attended deceased from 6 DATE OF BIRTH (Month) (Day) (Year) 7 AGE It LESS than and that death occurred on the date stated above, at 1 day, hrs. OR min. ? BOCCUPATION (a) Trade, protession, or narticular kind of work (b) General nature of Industry. business, or establishment in which employed (or employer) Contributory (Secondary) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER S 11 BIRTHELACE ENT OF FATHER (State or country *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 04 12 MAIDEN NAME 4 OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER ot death yrs. mos. ds. State Where was disease 'contracted. It not at place of death? Former or usual residence BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER ADDRESS Filed .. REGISTRAR are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1,

[It death occurred in

a hospital or institution.

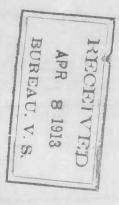
give its NAME instead ot street and number.]

[Approved by U. S. Census and American Public Health Association.]

. tion is very important, so that the relative lealthfulcated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at heginning of illshould be taken to report specifically the occupations of persons engaged in domestic service for wages, as gainfully enmoyed, as At school or At home. Care Housewife, Haysework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, Irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, additional line is provided for the latter statement; the nature of the husiness or industry; and therefore an Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from husiness, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," 6

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cercbrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, periionaeum, etc... Carcin-

mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage. as mus," "Old Age," "Shock," "Traemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras thenia," "Anaemia" (mercly symptomatic), "Atrophy," ample: Measles (disease causing death), 29 de. affection need not he stated unless important. "Ex nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomencla "Contributory." sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the "Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. valvular heart disease; Chronic interstitial nephritis ter" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of The contributory (secondary or intercurrent Always qualify all diseases resulting from "Senile," etc.), may be stated under the head of (Recommendations on statement of or Homicidal, or as probably "Dropsy," "PUERPERAL septichae-... (name origin; "Can-"Exhaustion," Never report Examples:



No. vi

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tated EXACTLY. PHYSICIANS should state Exact statement of OCCUPATION is very RECORD PERMANENT stated EXACTLY. properly classified. should be WRITE PLAINLY, WITH UNFADING INK-THIS AGE carefully supplied. back ATH in plain instructions of inform Item OF important. CAUSE

3784

1 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.;....Ward)

[If death occurred in a hospital or Institution,

FULL NAME Close V. Pete	give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Formal While Single, MARRIED, Surgle MARRIED, ORDINORED (Write the word)	18 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH // 3 (Month) (Day) (Year)	that I last saw h. A. allve on March [5], 1913.
7 AGE If LESS than 1 day, hrs. 9 yrs. 5 mos. 16 ds. 02 min.?	and that death occurred on the date stated above, at
6 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, un furgina business, or establishment in which employed (or employer)	(Duration) yrs. mos. ds.
9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE 11 BIRTHPLACE	(Signed)
OFFATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER	*State the DISEARE CAURING DEATH, OF, In deaths from VIOLENT CAUSES, state (1) MEANA OF INJURY; and (2) Whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 1B LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	At place in the of death yrs. mos. ds. State yrs. mos. ds. Where was disease contracted,
(Informant) U. D. Nourse (Address) Dansonnely Ind	If not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed	20 UNDERCHER POIS HA PADDRESS When 212 1913

If more blanks are needed, address State Regis trar, 6 E. Franklin St., Baito., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

"Manager," "Dealer," etc., without more precise specicated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborerstatement. material worked on may form part of the second additional line is provided for the latter statement the nature of the business or indust j; and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. essary to know (a) the kind of work and also (b) first line will be sufficient, e. g., For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative lealthful-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salesman, return "Laborer," Farmer or Planter, As examples: For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid disease). Bronchopneumonia" ("Pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, periionaeum, etc... Carcin-

such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably mia," "Tuerperal peritonitis," etc. State cause for childbirth or miscarriage. as "l'uerperal septichaecause. Always qualify all diseases resulting from genital," "Senile." etc.), "Dropsy," "Exhaustion," "Hart failure," "Haemorrhage," "Inanition," "Marasvalvular heart disease; Chronic interstitial inephritis ture of the American Medical Association.) cause of death approved by Committee on Nomencla sepsis, tctanus) injury, as fracture of skuli, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. etc., when a definite disease can be ascertained as the "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing affection need not be stated unless important. nant neoplasms); Measles; Whooping cough & Chapnie oma. Sarcoma. etc., of . "Contributory." Accidental drowning; Struck by railroay train—acciis less definite; avoid use of "Tumor" for malig The contributory (secondary or intercurrent) "Old Age," "Shock," "Senile," etc.), may be stated under the head (Recommendations on statement of "Taemia," "Weakness," (name origin; "Can death), 29 ds.; Examples: For vio-

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2 10.

Village or City Bry ds: (No. 2FULL NAME ONELLA Thomas. R.	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 2 20 [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
ASSEX A COLOR OR RACE Whower, Write the word) B DATE OF BIRTH B A COLOR OR RACE Whower, Order of Day (Write the word) B DATE OF BIRTH B A COLOR OR RACE (Month) (Day) (Year) (Month) (Day) (Year) (Year) (Address) A COLOR OR RACE MARRIEC, Whower, Order of Day (Write the word) (Month) (Day) (Year) (Address) A COLOR OR RACE MARRIEC, Whower, Order of Day (Write the word) (Month) (Day) (Year) (Year) (Year) (Year) (Year) (Year) (Year) (Year) (Address) A COLOR OR RACE MARRIEC, Whower, Order of Day (Write the word) (Month) (Day) (Year) (Year) (Year) (Year) (Address) A COLOR OR RACE MARRIEC, Whower, Order of Day (Write the word) (Month) (Day) (Year) (Year) (Address) A Color Or Race (Month) (Day) (Year) (Address) A Color Or Race (Nother word) (Month) (Day) (Year) (Address) A Color Or Race (Nother word) (Month) (Day) (Year) (Address) A Color Or Race (Nother word) (Month) (Day) (Year) (Address) A Color Or Race (Nother word) (Month) (Day) (Year) (Address) A Color Or Race (Nother word) (Month) (Day) (Address) A Color Or Race (Nother word) (Month) (Address) A Color Or Race (Nother word) (Month) (Day) (Month) (Day) (Year) (Address) A Color Or Race (Nother the word) (Month) (Day) (Month) (Month) (Day) (Month) (Month) (Day) (Month) (Month) (Day) (Month) (Month)	(Signed) *State the DISEASE CAUSING DEATH, Or, In deaths from VIOLENT TALL, SUICIDAL, or HOMICIDAL. *State the DISEASE CAUSING DEATH, Or, In deaths from VIOLENT TALL, SUICIDAL, or HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS. INSTITUTIONE, TRANSIENTS. OR RECENT RESIDENTS) At place of death? *Where was disease contracted, if not at place of death? *Former of usual residence. 19 PLACE OF BURIAL OR REMOVAL **JULINAL ALLANDARS **ALLANDARS **ALLANDARS **ALLANDARS **ALLANDARS **ALLANDARS **TALLANDARS *
REGISTRAR	Barrey Barrey 18
If more blanks are needed, address State Regis trar, 6	E. Franklin St., Ballo., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the husiness or indust, y, and therefore an cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons causing death, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should he taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication, as Day iborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. (a) Spinner, it should he used only when needed. As examples: Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. tion is very important, so that the relative leaithfulmine, etc. material worked on may form part of the second Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indito know (a) the kind of work and also (b) Wohen at home, who are engaged in the Never (b) Cotton mill; (a) Salesman, return "Laborer," The question "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid neumonia"); Lobar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite); Tuberculosts of lungs, meninges, peritonaeum, etc.. Carcin-

such, if impossible to determine definitely. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as -Hart failure," "Haemorrhage," "Inanition," "Maras. thenia," "Anaemia" (mercly symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asvalvular heart disease; Chronic interstitial nephritis oma. Sarcoma. etc., of ture of the American Medical Association.) cause of death approved by Committee on Nomencla "Contributory." sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train acci-ACCIDENTAL, SUICIDAL, LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. cause. etc., when a definite disease can be ascertained as the "Collapse." "Coma," "Convulsions," "Debility" ("Con-Bronchopnicumonia (secondary), 10 ds. affection need not be stated unless important. nant neoplasms); Measles; Whooping rough; Chronic is less definite; avoid use of "Tumor" for malls The contributory "Old Age," "Shock." 'Traemia," "Weakness," Always qualify all diseases resulting from Measles (disease causing "Senile," etc.), (Recommendations on statement of may he stated under the head or HOMICIDAL, or as probably (secondary or intercurrentic "Dropsy," "Exhaustion," "PUERPERAL schtichae-(name origin; "Candeath), 29 ds.; Never report Examples: For vio-



V. S. No. 1.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

	PLACE OF DEATH 3785	STATE OF MARYLAND
Co	ounty Managery	CERTIFICATE OF DEATH
		Registration Dist. No. 2/3
Vi	illiage or City hear Roedwer (No. had)	St.; Ward) [If death occurred in a hospital or institution give its NAME instead of street and number.]
	2FULL NAME Vusaula	
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	4 COLOR OR RACE S SINGLE, MARRIED, WIDDWED, ORDIVORCED (Write the word)	16 DATE OF DEATH Ruck (Month) (Day) (Year)
8 p.	ATE OF BIRTH mich 82, 1973	I HEREBY CERTIFY, That I attended deceased from
	(Month) (Day) (Year)	that I last saw her allve on 191
7 A C	8 8 9 5.5- t day,hrs.	and that death occurred on the date stated above, at
Ba	mos. ds. OR min.?	to Premiera - heading
(a)	Trade, profession, or Flance Lee duel	6. an ingrand oct agr
(b) busi	General nature of Industry, iness, or establishment in	July The Ba full yrs. I mos ds.
	RTHPLACE tate or country)	Contributory OCT agr. (Secondary)
	10 NAME OF ROTTLE Trail	(Signed) O he Couration) yrs mos ds.
IS	11 BIRTHPLACE	, 191 (Address)
REN	OF FATHER (State or country) 12 MAIDEN NAME	*State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
PA	OF MOTHER Down how	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
	13 BIRTHPLACE OF MOTHER (State or country)	At place in the of death yrs mos ds. State yrs mos ds
14 _T	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, it not at place of death?
	(Interment, Mrs Jas W. Day	Former or usual residence
15	(Address) Raelniele his	Saichers Mid 3/10/ 1913
	ied191	20 UNDERTAKER ADDRESS
FII	led 191 REGISTRAR	W.R. Pumpling Rocknew hul
	of more blanks are needed, address State Regis trar, 6	E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). should be taken to report specifically the occupations Grocery; (a) Foreman, (b) Automobile factory. who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer—Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second (a) Spinner, it should be used only when needed. As examples additional line is provided for the latter statement; the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salcsman, If the occupation has For persons (6)

Statement of cause of death—Name, first, the disease causing death—In always affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid disease). Lobar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of haad-homicide; Poisoned such, if impossible to determine definitely. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage. as "Purreman septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," 'Traemia," "Weakness," ample: Measles (disease causing death), 29 sepsis, tetanus) by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio-"Hart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthonia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic ter" is less definite; avoid use of "Tumor" for mails oma. Sarcoma. etc., of _ of the American Medical Association.) The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," may be stated under the head (Recommendations on statement of (name origin; "Can-State cause for Examples:



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Conformal 110	CERTIFICATE OF DEATH
County	Registration Dist. No. 212
Village or City (No. (No.)	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Temale 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH March 5-26, 1913 (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
8 DATE OF BIRTH (Month) (Day) (Year)	July 1", 1913, to March 4, 1913, that I last saw h 11 allve on Worch 4, 1913
7 AGE It LESS than 1 day,hrs. ORmin. ?	and that death occurred on the date stated above at 6 a m. The CAUSE of DEATH* was as follows: Alexandrial
8 OCCUPATION (a) Trade, protession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer)	(Duration) 4 yrs. mos. ds.
9 BIRTHPLACE (State or country) Toolewille Md	Contributory As Chewia - (Secondary) (Duration) yrs mos ds
10 NAME OF FATHER Translin Turs (1) 11 BIRTHPLACE	(Signed) Arthur H. Maruh, M. D. Mesch 5, 1913 (Address) Podlesville
OF FATHER (State or country) / CUPSONVILLE / 12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
13 BIRTHPLACE OF MOTHER MONTGOMERY 60, Md. 14 THE ABOVE AS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the ot death
(Informant) Joge & Sellman	It not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address). 15 Filed May 6 1913 EW While REGISTRAF	Beallsville MM 8, 1913. 20 UNDERTAKER ADDRESS
If more blanks are needed, address State Regis trar, 6	E. Franklin St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND

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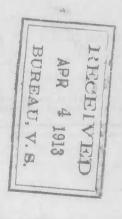
PLACE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer—Coal additional line is provided for the latter statement; who have no occupation whatever, write None. been changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative lealthful (a) Spinner, (b) Cotton mill; (a) Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," Salcsman, As examples: For persons 9

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease to time and causation), using always the same accepted term for the same disease. Examples: Ccrebrospinal fever (the only definite synonym is "Epidemic cere-urospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid deumonia"); Lobar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcin-

cause of death approved by Committee on Nomencla. sepsis, tetanus) may be stated under the head mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Purreman septichaeetc., when a definite disease can be ascertained as the mus," ture of the American Medical Association.) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. "Hart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.: affection need not be stated unless important. valvular heart disease; Chronic interstitlal nephritis oma. Sarcoma. etc., of __ "Contributory." mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. nant neoplasms); Measles; Whooping cough; Chrowie is less definite; avoid use of "Tumor" for mally The contributory (secondary or intercurrent) "Old Age," "Shock." 'Tracmia," "Weakness," Always qualify all diseases resulting from "Senile." etc.), (Recommendations on statement of "Dropsy," "Exhaustion," ... (name origin; "Can-State cause for Never report Examples:



MARGIN RESERVED FOR BINDING

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PHYSICIANS should of OCCUPATION IS RECORD stated EXACTLY. PERMANENT pinods -THIS properly AGE supplied. may be UNFADING carefully sure that it mis f certificate. plain Instructions of information DEATH CAUSE OF Important. S

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				1 name	. 47
	PERSO	NAL AND	STATISTIC	AL PARTICUL	.ARS
3 51	nale		loved	MARRIED, WIDOWED, ORDIVERCEO (Write the Wo	Lugle (ird)
6 D	ATE OF BIRT	н			
		***************************************	mar	. 20	1913
			(Month)	(Day)	(Year)
⁷ A (4.	yr:	s	mos, <i>o</i> ds	If LESS than 1 day, Ohrs. OR Omin.?
par (b) bus	CCUPATION) Trade, profession, rticular kind of wo General nature o iness, or establi ich employed (or o	rkf industry, shment in			
9 8 I	RTHPLACE tate or country	y)).	non	land	1
	10 NAME OF	Lu	eth	Shy	ley
NTS	11 BIRTHPL OF FATH (State or c	ACE IER ountry)	mas	ylaus	1
PARE	12 MAIDEN OF MOT	NAME	ma	ry Lh	filey
	OF MOTH (State or co	IER /	mas	yland	1
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STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 210

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			fif death occu

.St ;.....Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

	CERTIFICATE OF	DEATH	
16 DATE OF DEATH	(Month)	20 (Day)	., 1913
17 I HEREBY	CERTIFY, That I a		
at Beith , 19			
hat I last saw h alli	ve on	************	, 191
nd that death occurred or	n the date stated a	bove, at	n
he CAUSE OF DEATH *			
-Sti10	13000		
	the state of the s		
***************************************		***************************************	
	*****************	*****************	
******	(Ouration)	. yrs mo	os d
Contributory		•	
(Secondary)		****	
	(Dunatian)	Nee	
	(Durzuon)	. 11 S mi	US. n
	(Duration)		
Signed) / a	17 W	yeur	, M.
Signed) / a	17 W	yeur	, M. I
	ddress) Land	deaths from	M. 1
Signed) (A) State the DISEASE CAI CAUSES, state (1) MEAN TAL, SUICIDAL, OF HOMIC 18 LENGTH OF RESIDENCE	ddress) ddress) ddress) ddress) ddress) ddress ddre	deaths from (2) whether	WIOLENT ACCIDEN
Signed) (A *State the DISEASE CAL CAUSES, state (1) MEAN TAL, SUICIDAL, OF HOMIC OR RECENT RESIDENCE OR RECENT RESIDENTAL	ddress)	deaths from (2) whether	WIOLENT ACCIDEN
Signed)	ddress)	deaths from (2) whether	VIOLENT ACCIDENT
Signed)	ddress)	deaths from (2) whether	VIOLENT ACCIDENT
Signed)	ddress)	deaths from (2) whether	VIOLENT ACCIDENT
Signed)	ddress)	deaths from (2) whether	VIOLENT ACCIDENT
Signed)	ddress)	deaths from (2) whether	VIOLENT ACCIDENT
Signed)	ddress)	deaths from (2) whether (2) whether (3) yrs,	VIOLENT ACCIDENT
Signed)	ddress)	deaths from (2) whether	VIOLENT ACCIDENT
Signed)	ddress)	deaths from (2) whether (2) whether (3) yrs,	VIOLENT ACCIDENT

[Approved by L. S. Census and American Public Health Association.]

fication, as Day laborer, Farm laborer, Laborer—Coal "Manager," "Dealer," etc., without more precise speciwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the nisease of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers material worked on may form, part of the second additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many applies to each and every person, irrespective of age. ness of various pursults can be known. The question tion is very important, so that the relative healthful-Servant, Cook, Housemaid, etc. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. statement. Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer. first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," If the occupation has As examples: For persons "Foreman," (%)

Statement of cause of death—Name, first, the disease causing death—name, first, the disease causing disease. It is same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meninglitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinosis of lungs, meninges, peritonaeum,

mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage, as "Puerperar septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Dropsy," "Exhaustion," affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla. "Contributory." sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and quality as which surgical operation was undertaken. mus," "Old Age," "Shock," "Uraemla," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convuisions," "Debility" ("Conthenla," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronio by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railreay train-acctoma. Sarcoma. etc., of is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) may be stated under the head (Recommendations on statement of (name origin; "Can-Examples: 01



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N.B.

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD PERMANENT INK-THIS UNFADING WRITE PLAINLY, WITH Important.

Village or City Garmantourno.

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 218

14. +	Registration Dist. No.
* PULL NAME AME Sidney	St.; Ward) [If death occurred in a hospital or institution, give its MAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Fruale Colored Single, Marked ORDIVORCED (WIDDWED, Marked)	16 DATE OF DEATH (Month) (Day) (Year)
G DATE OF BIRTH AAN (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended deceased from Jeley. 26", 1913, to meh 6", 1913, that I last saw h & alive on meh. 4", 1913
7 AGE If LESS than 1 day,hrs. ORmin. ?	and that death occurred on the date stated above, at 12 pm, The CAUSE OF DEATH * was as follows:
(a) Trade, profession, or particular kind of work	Diabitis Inellilus
(b) General nature of Industry, business, or establishment to which employed (or employer)	(Duration) Jyrs. mos. ds.
9 BIRTHPLACE (State or country)	Contributory (Secondary) (Deration) yrs
o 11 DIRTHEIACE	(Signed) AB Hacklay, M. D. meh 7", 191.3 (Address) Garthers burg, md.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, State (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of death (1) yrs. mos. ds. State (1) yrs. mos. ds.
Informant, Sully Side of MY KNOWLEDGE	Where was disease contracted. If oot at place of death? Former or usual residence
Filed March 7. 191) (A Tichrin MA) REGISTRAR If more blanks are needed, address State Registra.	St Core Cemetry 3/8 191.3 20 UNDERTAKER A STATE OF BURIAL 20 UNDERTAKER A STATE OF BURIAL 20 UNDERTAKER A STATE OF BURIAL A STATE OF BURIAL

[Approved by U. S. Census and American Public Health Association.]

minc, etc. "Manager," "Dealer," etc., without more precise specification, as Day laborer, Farm laborer, Laborer-Coal who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers statement. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfuibeen changed or given up on account of the DISEASE Housewife, Housework, or At Home, and children, not material worked on may form part of the second the nature of the business or industry; and therefore an Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to thus and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutoris of lungs, meninges, peritonaeum, etc... Carcin-

childbirth or miscarriage, as "Purperal septichaccause of death approved by Committee on Nomencia injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the mus," "Oid Age," "Shock," "Uraemia," "Weakness," -Kart fallure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse." "Coma," "Convuisions," "Debility" ("Conmere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic ter" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of ture of the American Medical Association. "Contributory." by carbolic acid-probably suicide. The nature of the which surgical operation was undertaken. Bronchopneumonia (secondary), 10 ds. ampie: Meastes (disease causing death), 29 Accidental drowning; Struck by railway train—acci-The contributory tetanus) may be stated under the head of Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of (secondary or intercurrent) "Dropsy," (name origin; "Can "Exhaustion," Never report Examples:



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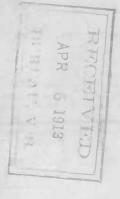
STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. 22 [It death occurred inWard) Village or City a hospital or institution, give its NAME Instead ot street and number.] ²FULL NAME MEDICAL CERTIFICATE OF DEATH STATISTICAL PARTICULARS PERSONAL AND 18 DATE OF DEATH 5 SINGLE, 3 SEX 4 COLOR OR RACE MARRIED. WIDOWED (Month) (Day) Write the word) I HEREBY CERTIFY That I attended deceased from 6 DATE OF BIRTH (Month) (Day) (Year) TAGE If LESS than and that death occurred on the date stated above, at. 1 dayhrs. The CAUSE OF DEATH* was as follows: OR min. ? mos. BOCCUPATION (a) Trade, protession, or particular kind of work (b) General nature of industry. business, or establishment in which employed (or employer) Contributory State or country) 10 NAME OF FATHER 11 BIRTHPLACE ARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS 2 OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER ot death yrs. mos. ds. State yrs. Where was disease contracted. 14THE ABOVE IS TRUE TO It not at place of death? Former or (Informant) usual residence. DATE OF BURIAL 16 20 UNDERTAR BRESS Filed. REGISTRAR blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). minc, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborer-('oal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, Nousewife, Housework, or At Home, and children, not it should be used only when needed. As examples: additional line is provided for the latter statement the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative dealthful-For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," "Foreman," If the occupation has For persons

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencla "Contributory." sepsis, tetanus) may be stated under the head injury, as fracture of skuli, and consequences (e. dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Purreman scotichaecause. Always qualify all diseases resulting from by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accl-LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Traemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably "Heart fallure," "Haemorrhage," "Inanition," "Maras. "Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "Asample: Measles (disease causing affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic Bronchopncumonia (secondary), 10 ds. Never report er" is less definite; avoid use of "Tumor" for mailgoma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) "Senile." etc.), "Dropsy," "Exhaustion, (Recommendations on statement of (name origin; "Candeath), 29 ds.: State cause for Examples:



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AGE should be stated EXACTLY. PHYSICIANS should state properly classified. Exact statement of OCCUPATION is very RECORD PERMANENT WRITE PLAINLY, WITH UNFADING INK-THIS IS B.—Every item of information should be carefully supplied. CAUSE OF DEATH in plain terms, so that it may be p See instructions on back of certificate. important.

1 PLACE OF DEATH County Montgomeny

3790

Village or City Barusville (No.

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 220

.St.;.....Ward)

[it death occurred in a hospital or institution, give its NAME instead ot street and number.]

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
Female White (Write the word)	18 DATE OF DEATH Man 105, 1913. (Month) (Day) (Year)		
B DATE OF BIRTH Mar. 13, 1913	17 I HEREBY CERTIFY, That I attended deceased from Mar 13, 1913, to Mer 10, 1913, that I last saw here allye on Mar 15, 1913		
(Month) (Day) (Year) 7 AGE If LESS than t day,hrs. orhrs. 0Rhrs. orhrs.	and that death occurred on the date stated above, at 5 am, The CAUSE OF DEATH* was as follows:		
OCCUPATION (a) Trede, protession, or Nowe particular kind of work	J. J. W. J. W.		
(b) General nature of industry, business, or establishment in which employed (or employer)	(Duration) yrs. mos. ds.		
9 BIRTHPLACE (State or country) Mary land	(Secondary) (Duration)		
On 11 BIRTHPLACE	(Signed) (Duration) yrs. mos. ds. (Signed) H. It hite , M. D. Mar / J., 1917 (Address) Bane rovilly Med		
OFFATHER (State or country) Mary land 12 MAIDEN NAME OF MOTHER OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.		
of Mother Mannet Bell 13 BIRTHPLACE OF MOTHER (State or country) Manyland	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the ot death		
(informant) Mrs Camer Fell	Where wes disease contracted, if not at place of death? Former or usual residence.		
(Address) Washington D.C.	Banraville Md Mar 15, 1913.		
Filed May 15, 1913 M. While REGISTRAN	Willow & Som Basic wills Mi		

[Approved by U. S. Census and American Public Health Association.]

of persons engaged in domestic service for wages, as should be taken to report specifically the occupations fication, as Day laborer, Farm laborer, Laborer—Coal who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of liibeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive duties of the household only (not paid Housekeepers mine, etc. "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, It should be used only when needed. additional line is provided for the latter statement; the nature of the husiness or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can he known. The question tion is very important, so that the relative Lealthful-Statement of occupation-Precise statement of occupa-If retired from husiness, that fact may he indi-Women at home, who are engaged in the a definite saiary), may he entered as Never return "Laborer," "Foreman," As examples: For persons

Statement of cause of death—Name, first, the diblease causing death—In any affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid deumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

mia," "Puerperal peritonitis," etc. State cause for injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably childbirth or miscarriage, as etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. nant neopiasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of ... ture of the American Medical Association.) cause of death approved by Committee on Nomencla "Contributory." sepsis, tetanus) may he stated under the head of by earbolic acid—probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. "Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. valvular heart disease; Chronic interstitial nephritis is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) "Old Age," "Shock." 'Traemia," "Weakness," Always qualify all diseases resulting from Measles (disease causing death), 29 ds.: "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," "PUERPERAL septichae-_ (name origin; "Can-Never report Examples:



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STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. Ilt death occurred in St.:....Ward) a hospitat or institution. give its NAME instead ot street and number. I MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR OR RACE WIOOWED, (Month) (Day) (Year) (Write the word) HEREBY CERTIFY, That I sttended deceased from 6 DATE OF BIRTH (Month) (Day) (Year) If LESS than 7 AGE and that death occurred on the date stated above, a t day,hra. OR ... min. ? 6 OCCUPATION (a) Trade, protession, or particular kind of work (b) General nature of Industry. business, or establishment in which employed (or employer) Contributory. 9 BIRTHPLACE (State or country) (Secondary) 10 NAME OF (Signed FATHER PARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME of Inic.
DEATH in pia. OF MOTHER 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTE 13 BIRTHPLACE At place In the -OF MOTHER of death yrs. State vrs. mas. Where was disease contracted. It not at place of death? usual residence ACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER ADDRESS Filed..... REGISTRAR

bianks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). should be taken to report specifically the occupations duties of the household only (not paid Housekeepers statement. who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of Ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care fication, as Day laborer, Farm laborer, Laborer—('0a) "Manager," "Dealer," etc., without more precise specibeen changed or given up on account of the DISEASE Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. (a) Spinner, essary to know (a) the kind of work and also (b) For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative mealthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salcsman, For persons (6)

Statement of cause of death—Name, first, the dibeable causing death—It (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tctanus) injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or iniscarriage, as "Purreman scptichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Traemia," "Weakness," ample: Measles (disease causing ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably "Hart failure," "Haemorrhage," "Inanition," "Maras "Collapse." "Coma," "Convulsions," "Debility" ("Conthenla," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chranic er" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of . Bronchopneumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephritis The contributory (secondary or intercurrent Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of may be stated under the head "Dropsy," "Exhaustion," (name origin; "Can death), 29 State cause for Examples:

If this certificate is looked over thoroughly and all questions answered in detail. It will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

APR 8 1913
BUREAU. V.S.

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[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of libeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-('oal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; the nature of the business or industry; and therefore an cases, especially in industrial employments, it is nec-(a) Spinner, it should be used only when needed. As examples: essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many applies to each and every person, irrespective of age ness of various pursuits can be known. The question Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthful Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salcsman, If the occupation has For persons (6)

Statement of cause of death—Name, first, the DYSEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

injury, as fracture of skull, and consequences (e. dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. mia," "PUERPERAL peritonitis," etc. ture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory." sepsis, tetanus) may be stated under the head by carbolic acid-probably suicidc. The nature of the Accidental drowning; Struck by railway train—acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJUST and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage, as "Purrperal scottchaeetc., when a definite disease can be ascertained as the "Hart fallure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds. affection need not be stated unless important. oma. Sarcoma. etc., of _ Bronchopncumonia (secondary), 10 ds. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic ver" is less definite; avoid use of "Tumor" for malig The contributory (secondary or intercurrent) "Old Age," "Shock," "Traemla," "Weakness," Aiways qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of "Convuisions," "Debility" ("Con-"Dropsy," "Exhaustion," (name origin; "Can-State cause for Never report Examples:

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

APR 1913
BUREAU, V.S.

Village or City Mashing Ton From Pull NAME Maggie & Win	STATE OF MARYLAND CERTIFICATE OF DEATH Registered No. 2 8 St; Ward) [It death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OF RACE 6 SINGLE, MARRIED, WIDOWED, WIDOWED, WRIVENCED (Write the word)	16 DATE OF DEATH march 28, 191.3. (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
7. July 1, 1999 Month) (Day) (Year)	that I last saw h & alive on mch 28" [1913]
7 AGE 11 LES\$ than 1 day, hrs. OR min. ?	and that death occurred on the date stated above, at 11.45 pm. The CAUSE OF BEATH* was as follows:
(a) Trade, profession, er particular kind of work (b) General nature ef industry, business, or establishment in which employed (or employer)	Pulmonary Duler culasis (Duration) 1 yrs mos cs.
9 BIRTHPLACE (State or country) md -	(Secondary)
10 NAME OF FATHER Garon Wins	(Signed) A A A A A A A A A A A A A A A A A A A
11 BIRTHPLACE OFFATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER	*State the DISEASE CAUSING DEATH, OF, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL
a want	18 LENGTH OF RESIDENCE (FOR HOSPITALS INSTITUTIONS TOURS
13 BIRTHPLACE OF MOTHER (State or country)	At place lu the 2 yrs mos ds. State 2 yrs mos ds.
(Informant) Luci Such:	Where was disease contracted, about the place of death? Former or usual residence. Washington al C.
Filed Grul, 1913 C. n. Etchusin In Al	DATE OF BURIAL OR REMOVAL DATE OF BURIAL PRINCE 90, 191 20 UNDERTAKER R. W. Purphyldy. dr. Pichyll
more blanks are needed, address State Registra.	r, 6 E. Franklin St., Balto., Reguesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at heginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second statement. Never return "Laborer," "Foreman," (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The It should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. who have no occupation whatever, write None. been changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. Housewife, Housework, or At Home, and children, not who receive a definite safary), may be entered as essary to know (a) the kind of work and also (b) first line will he sufficient, e. g., For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-If the occupation has Farmer or Planter, As examples: For persons

Statement of cause of death—Name, first, the disease causing death—Is affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cere-trospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, pertionacum, etc.. Carcin

childbirth or miscarriage, as "Purpresal septichaecause of death approved by Committee on Nomencla-"Contributory." scpsis, tctanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably swicide. The nature of the such, if Impossible to determine definitely. which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Coliapse." "Coma," "Convuisions," "Dehility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. nant neopiasms); Measles; Whooping cough; Chronio cer" is less definite; avoid use of "Tumor" for mailgture of the American Medicai Association.) dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as mere symptoms or terminal conditions, such as "As-Bronchonneumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephritis oma. Sarcoma. etc., of ... The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) (name origin; "Can State cause for Examples:

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED
APR 5 1913
BUREAU, V.S.

BINDING RESERVED MARGIN

UNFADING

WRITE

So. ò B.—Every It

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PHYSICIANS should state of OCCUPATION Is very

Exact statement

AGE

PERMANENT EXACTLY.

County My 14	CERTIFICATE	
Village or City Probability No	St; War	d) [If death occurred le a hospital or Institution give its NAME Instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE C	OF DEATH
4 COLOR OR RACE SINGLE, MARRIED, WIDOWEO, ORDIVORCED (Write the word)	18 DATE OF DEATH (Month) 17 I HEREBY CERTIFY, That	(Day) (Year)
8 DATE OF BIRTH MOA 31, 19/3 (Month) (Day) (Year)		, 191
7 AGE Still 1207 11 LESS than 1 day,hrs. yrs	and that death occurred on the date state The CAUSE OF DEATH* was as follows:	d above, atm
(a) Trade, profession, or particular kind of work (b) General nature of Industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country)	Contributory (Secondary)	
OF FATHER (State or country)	(Signed) While (Signed) (Signe	Coolesvill
12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) Md	18 LENGTH OF RESIDENCE (FOR HOSPITAL OR RECENT RESIDENTS) At place In the of death yrs	s. Institutions, Transients
(Informant). Wen for what we have the state of MY KNOWLEDGE	Where was disease contracted, If not at place of death? Former or usual residence	
(Address) Polyville	19 PLACE OF BURIAL OR REMOVAL Beallsville	mas 3/, 1913
Filed Mrs 31, 1913 Elv Whale REGISTRAN	20 UNDERTAKER Helton Tholl	ADDRESS The Alexander

1 PLACE OF DEATH

STATE OF MARYLAND

If more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. CAUSING DEATH, state occupation at heginning of illbeen changed or given up on account of the DISEASE should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second it should he used only when needed. additional line is provided for the latter statement; the nature of the husiness or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. tion is very important, so that the relative wealthfulwho have no occupation whatever, write None. Housewife, Housework, or At Home, and children, not first line will he sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salcsman, If the occupation has As examples: For persons

Statement of cause of death—Name, first, the disease causing death—In always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinosis

such, if impossible to determine definitely. cause of death approved by Committee on Nomencla "Contributory." sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. For viomia," "l'uebperal peritonitis," etc. cbildbirth or miscarriage as "Tuerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Traemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 affection need not be stated unless important. ture of the American Medical Association.) LENT DEATHS State MEANS OF INJURY and qualify as "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Dehility" ("Conmere symptoms or terminal conditions, such as "Asvalvular heart disease; Chronic interstitial nephritis ment neoplasms); Measles; Whooping cough; Chronic eer" is less definite; avoid use of "Tumor" for mails oma. Sarcoma. etc., of . Bronchopncumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile." etc.), "Dropsy," "Exhaustion," (Recommendations on statement of may be stated under the head (name origin; "Can State cause for Examples:

